



# REQUEST FOR SUMMER CAMP REFUND

Revised 02/07/2023

**REFUND POLICY:** All refunds must be requested on a Summer Camp Refund form by email to [summercamps@brec.org](mailto:summercamps@brec.org) or by fax: 225-273-6407. **A refund request must be submitted a minimum of 10 business days prior to the start of the session.** The full session fee will be refunded minus a \$15 transaction fee. Unfortunately, a refund will not be approved for a session in progress. The transmittal date on the refund request (email or faxed) determines if a refund is granted. All checks must clear the bank before any refunds are processed. Please allow 3 - 4 weeks for a refund to be issued.

Camp Location \_\_\_\_\_  
Camper's Name \_\_\_\_\_  
Payee Name if different from Parent or Guardian \_\_\_\_\_

**\*\*All refunds will be issued to the RecTrac receipt payee. \*\***

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Work or cell phone #: \_\_\_\_\_  
Email Address \_\_\_\_\_

Form of Payment that was used: (Check One) Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Last 4 digits of credit card # \_\_\_\_\_ Receipt # \_\_\_\_\_

Did camper receive Scholarship? (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

Check which session(s) for which you are requesting a refund: (You are responsible for correct dates).

- |                           |                                  |
|---------------------------|----------------------------------|
| Session beginning May 30  | ** Refund request due by May 16  |
| Session beginning June 5  | ** Refund request due by May 22  |
| Session beginning June 12 | ** Refund request due by May 29  |
| Session beginning June 19 | ** Refund request due by June 5  |
| Session beginning June 26 | ** Refund request due by June 12 |
| Session beginning July 3  | ** Refund request due by June 19 |
| Session beginning July 10 | ** Refund request due by June 26 |
| Session beginning July 17 | ** Refund request due by July 4  |
| Session beginning July 24 | ** Refund request due by July 10 |
| Session beginning July 31 | ** Refund request due by July 17 |

Reason for refund request \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Administration use only:**

Date refund form received: \_\_\_\_\_ Deposit Date: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ minus Transaction Fee \$ \_\_\_\_\_ = **Refund Due \$** \_\_\_\_\_

Completed By: _____	Date: _____
Coordinator/Manager: _____	Date: _____
Asst. Director/ Director: _____	Date: _____
Finance: _____	Date: _____

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_