



REQUEST FOR SUMMER CAMP REFUND (2025)

Revised 03/06/2025

REFUND POLICY: All refunds must be requested on a Summer Camp Refund form and emailed to 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. Refunds may not be approved if the session space cannot be filled.

Camp Location _____
Camp Name _____
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).

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Session beginning May 27 | ** Refund request due by May 12 |
| <input type="checkbox"/> Session beginning June 2 | ** Refund request due by May 19 |
| <input type="checkbox"/> Session beginning June 9 | ** Refund request due by May 26 |
| <input type="checkbox"/> Session beginning June 16 | ** Refund request due by June 2 |
| <input type="checkbox"/> Session beginning June 23 | ** Refund request due by June 9 |
| <input type="checkbox"/> Session beginning June 30 | ** Refund request due by June 16 |
| <input type="checkbox"/> Session beginning July 7 | ** Refund request due by June 30 |
| <input type="checkbox"/> Session beginning July 14 | ** Refund request due by July 7 |
| <input type="checkbox"/> Session beginning July 21 | ** Refund request due by July 14 |
| <input type="checkbox"/> Session beginning July 28 | ** Refund request due by July 28 |

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: _____

Notes: _____

