



REQUEST FOR SUMMER CAMP REFUND (2026)

Revised 01/28/2026

REFUND POLICY: All refunds must be requested on a Summer Camp Refund form by email to summercamps@brec.org. **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) determines if a refund is granted. All money orders or cashier's 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) Cashier's Check/Money Order _____ 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 26 | ** Refund request due by May 11 |
| <input type="checkbox"/> Session beginning June 1 | ** Refund request due by May 18 |
| <input type="checkbox"/> Session beginning June 8 | ** Refund request due by May 25 |
| <input type="checkbox"/> Session beginning June 15 | ** Refund request due by June 1 |
| <input type="checkbox"/> Session beginning June 22 | ** Refund request due by June 8 |
| <input type="checkbox"/> Session beginning June 29 | ** Refund request due by June 15 |
| <input type="checkbox"/> Session beginning July 6 | ** Refund request due by June 22 |
| <input type="checkbox"/> Session beginning July 13 | ** Refund request due by June 29 |
| <input type="checkbox"/> Session beginning July 20 | ** Refund request due by July 6 |
| <input type="checkbox"/> Session beginning July 27 | ** Refund request due by July 13 |

Reason for refund request _____

Signature _____ Date _____

For Administration use only:

Drawer #: _____

Date refund form received: _____ Deposit Date: _____

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

Completed By: _____ Date: _____

Coordinator/Manager: _____ Date: _____

Asst. Director/ Director: _____ Date: _____

Notes: _____

