



## 2024 Summer Camp Refund Request Form

Child's Name \_\_\_\_\_ Date of Request: \_\_\_\_\_

### REFUND POLICY

All requests for refunds must be submitted in writing by completing the Summer Camp Refund Request Form. Forms may be submitted directly to the Camp Director in person or emailed to [summerdaze@burbankca.gov](mailto:summerdaze@burbankca.gov). Forms can be obtained at each camp location or online at [www.burbankca.gov/camps](http://www.burbankca.gov/camps).

- A refund will be issued when request is received at least **10 business days** prior to the start of the week enrolled. *No refund will be issued after this time regardless of the reason of non-attendance.*
- For each week refunded, a **\$10 refund fee per child, per week** is withheld regardless of reason for refund.
- A refund will not be issued for days missed in a week and there are no make-up days.
- Any refund of camp fees may take up to one week after notification to be processed. After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take 3-6 weeks to receive.
- Session deposits and session camp fees (including extended care fees) are non-transferable and may not be applied toward another camp, session balance, or program.

Please check the Session(s) and select a Camp Location for each week you would like to cancel:

Session	Dates	Last Day to Request Refund	Camp Location
1	May 28 - 31 <i>No camp May 27</i>	Monday, May 13	
2	June 3 - 7	Monday, May 20	
3	June 10 - 14	Monday, May 27	
4	June 17 - 21 <i>No camp June 19</i>	Monday, June 3	
5	June 24 - 28	Monday, June 10	
6	July 1 - 5 <i>No camp July 4</i>	Monday, June 17	
7	July 8 - 12	Monday, June 24	
8	July 15 - 19	Monday, July 1	
9	July 22 - 26	Monday, July 8	
10	July 29 - August 2	Monday, July 15	
11	August 5 - 9	Monday, July 22	

Please state the reason for the request: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Please email the following completed document to [SummerDaze@burbankca.gov](mailto:SummerDaze@burbankca.gov).

**For office use only:** Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Receipt: \_\_\_\_\_