

## 2025 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 \$20 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 camp/session(s) you would like to cancel.

Session	Dates	Last Day to Request Refund	Camp Location
1	May 27 – 30 <i>No camp May 26</i>	Monday, May 12	
2	June 2 - 6	Monday, May 19	
3	June 9 - 13	Monday, May 26	
4	June 16 – 20 <i>No camp June 19</i>	Monday, June 2	
5	June 23 - 27	Monday, June 9	
6	June 30- July 3 <i>No camp July 4</i>	Monday, June 16	
7	July 7 - 11	Monday, June 23	
8	July 14 - 18	Monday, June 30	
9	July 21 - 25	Monday, July 7	
10	July 28 - August 1	Monday, July 14	
11	August 4 - 8	Monday, July 21	

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

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

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

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

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