



2026 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 Recreation Center staff in-person or emailed to summerdaze@burbankca.gov. Forms can be obtained at each camp location or online at 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 \$25 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 seven business days 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.
- **Transferring from one camp to another will be considered a refund request and \$25 fee per child, per week will be applied.**

Please list the camp/session(s) you would like to cancel.

Session	Dates	Last Day to Request Refund	Camp Location
1	June 1 – 5	Monday, May 18	
2	June 8 - 12	Monday, May 25	
3	June 15 – 19 <i>No camp June 19</i>	Monday, June 1	
4	June 22 – 26	Monday, June 8	
5	June 29 – July 2 <i>No camp July 3</i>	Monday, June 15	
6	July 6- 10	Monday, June 22	
7	July 13 – 17	Monday, June 29	
8	July 20 – 24	Monday, July 6	
9	July 27 – 31	Monday, July 13	
10	August 3 - 7	Monday, July 20	

Please state the reason for the request: _____

Parent Name: _____ Parent Signature: _____

Email: _____ Phone: _____

Please email the following completed document to SummerDaze@burbankca.gov

For office use only: Date Received: _____ Staff Initials _____ Receipt: _____