

**City of Burbank Parks & Recreation Department  
2020 CAMP REFUND REQUEST FORM**



Child's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**REFUND POLICY**

All requests for refunds must be submitted in writing by completing the Camp Refund Request Form. Refund 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 refunds 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 camp and session(s) you would like to cancel.

SESSION	DATES	CAMP	
4	June 15 - 19	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
5	June 22 - 26	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
6	June 29 – July 2	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
7	July 6 -10	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
8	July 13 - 17	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
9	July 20 - 24	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
10	July 27 - 31	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
11	August 3 - 7	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)
12	August 10 - 14	<input type="checkbox"/> McCambridge Summer Daze <input type="checkbox"/> Robert Gross Summer Daze <input type="checkbox"/> Ovrom Summer Daze (not offered)	<input type="checkbox"/> Verdugo Summer Daze <input type="checkbox"/> TEEN Summer Daze (Olive)

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

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

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

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