

**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 YouthSports@Burbankca.gov Forms can be obtained at each camp location or online at <https://www.burbankca.gov/departments/parks-and-recreation/sports/youth-sports-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
7	July 6 -10	<input type="checkbox"/> Challenger Soccer (Tiny Tykes) <input type="checkbox"/> Challenger Soccer (Half day) <input type="checkbox"/> Breakthrough Sports: Basketball
8	July 13 - 17	<input type="checkbox"/> Breakthrough Sports: Baseball
9	July 20 - 24	<input type="checkbox"/> Breakthrough Sports: Flag Football
10	July 27 - 31	<input type="checkbox"/> Amazing Athletes (ages 3-5) <input type="checkbox"/> Amazing Athletes (K-3 grade)
11	August 3 - 7	<input type="checkbox"/> Amazing Athletes (ages 3-5) <input type="checkbox"/> Amazing Athletes (K-3 grade)
12	August 10 - 14	<input type="checkbox"/> Fleet Feet Trail Running (K-8)

Please state the reason for the request: _____

Parent Name: _____ Parent Signature: _____

Email: _____

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