

**Boys & Girls Clubs of Northwest San Diego
Summer Camps 2025
Refund/Credit Request Form**



**BOYS & GIRLS CLUBS
OF NORTHWEST SAN DIEGO**

Credit & Refund Policy:

Upon registration, families assume responsibility for their child's attendance.

Camp days are non-transferable and cannot be credited toward other **BGCNWS D** programs.

All **credit and refund requests** must be submitted in writing and require **approval from the Camp Director**. Requests will be considered under the following guidelines:

Credit Requests:

To accommodate campers on **waitlists**, all credit requests must be submitted **at least five (5) business days before the camp start date** using the **Refund/Credit Request Form**.

- **Camp Transfer:** A camper may transfer to another **Day Camp or Specialty Camp week**, subject to **availability**. A **\$10 transfer fee** will apply per transferred camp week.
- **Current camp rates apply.**
- **Previously applied discounts cannot be transferred.**
- **Future Credit:** A credit may be issued toward the **2026 Summer Camps season** (expires one year from the date of issuance).
- Credits may be **transferred to a sibling** if requested.
- A **\$25 cancellation fee** will be deducted for each canceled camp.

NO LATE CREDIT REQUESTS. Credit requests or transfers will not be accepted once the camp week has begun.

Refund Requests:

- **Starting June 2, 2025**, refund requests will only be considered if a camper is unable to participate due to a **medical condition** and has been excused by a licensed medical professional.
- To request a refund, parents must complete the **Refund/Credit Request Form** and submit it along with a **written medical excuse** from the child's doctor.
- All documents must be submitted via **email to the Camp Office** at **campoffice@bgcsandieguito.org**.
- The **Refund/Credit Request Form** can be found on the **Parent Dashboard** under the **FORMS** tab.
- **Refund Submission Deadlines & Fees:**
 - Refund requests must be emailed **at least 48 hours before the start of the requested camp week**.
 - Approved refunds will incur a **\$25 administrative processing fee per Specialty Camp or Day Camp week refunded**.
 - **No refund requests will be accepted after August 6, 2025.**

Refunds for Medical Absences:

- If a medical issue arises during camp and a camper **misses three (3) or more days** in a given week, parents must submit a **written medical excuse** from a doctor along with the **Refund/Credit Request Form** within **five (5) days** after the camp week ends.
- A **pro-rated credit, refund, or transfer to Day Camps** may be considered for the missed days.
- **Day Camps: No Refunds for Unused Days**
- **No credits or refunds** will be provided for unused or missed **Day Camp** days.
- Unused days may only be **transferred to a sibling** but cannot be refunded.

Canceled Camps & Field Trips:

- If BGCNWS D cancels a **Specialty Camp**, parents will automatically receive either a credit or refund, based on their preference. Due to vendor agreements, some camps and field trips may not be eligible for refunds or credits.

I have read and understand the Camps Credit/Refund Policy.

Parent/Guardian First/Last Name (Please print clearly): _____ Date: _____

Parent/Guardian Signature: _____

Email (Please print clearly): _____

OFFICE USE ONLY:	
RECEIVED BY: _____	A <input type="checkbox"/>
DATE RECEIVED: _____	D <input type="checkbox"/>

***CONTINUE TO NEXT PAGE**

(Please complete form on the second page for each camper and attach necessary documents. Both pages must be turned in.)

REFUND/CREDIT/TRANSFER REQUEST INFORMATION

REFUND/CREDIT/TRANSFER REQUEST:

NAME OF CAMPER (Please print) FIRST: _____ LAST: _____

PLEASE LIST THE NAME OF CAMP/S YOU ARE REQUESTING REFUND/CREDIT/TRANSFER:

CAMP: _____ DATE of CAMP: _____

CAMP: _____ DATE of CAMP: _____

CAMP: _____ DATE of CAMP: _____

CAMP: _____ DATE of CAMP: _____

CAMP: _____ DATE of CAMP: _____

Reason for request: _____

***If requesting a Transfer:**

TRANSFER from 2025 summer camp to another 2025 summer camp less a transfer fee per camp transferred. *BASED ON AVAILABILITY.

TRANSFER TO: NAME of CAMP: _____

DATE of CAMP: _____

TRANSFER TO: NAME of CAMP: _____

DATE of CAMP: _____

***If requesting a Credit:**

CREDIT my campers account less the cancelation fee per camp for Summer Camps 2026.

*Credit expires 1 year from issuance.

***If requesting a Refund:**

REFUND my camp fees less the cancelation fee per camp. I have the necessary documents required for refund approval and have attached them to this form. I know refund requests are reviewed prior to approval and submitting these forms does not guarantee a refund.

Parent/Guardian First/Last Name (Please print clearly): _____ Date: _____

Parent/Guardian Signature: _____

Email (Please print clearly): _____

**Please add a second page if more space is needed.*