



Day/Sports Camp/Before & After Camp Care 2024 Refund Form

HH# _____

Participant's Name: _____ Parent/Guardian Name (s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

SELECT A CAMP:

[^]2024-2025 School Year

Discovery Day Camp Grades K-2[^]

- 35430-Section # RA
- 37429-Section # • (RA Camp Care)
- 35460-Section # SHC
- 35460-Section # • (SHC Camp Care)

Liberty Day Camp Grades 1-6[^]

- 35400-Section #
- 35400-Section # • (LE Camp Care)

Algonquin Lakes Day Camp Grades 1-6[^]

- 35450-Section #
- 35450-Section # • (AL Camp Care)

Sports Camp Grades 1-8[^]

- 37425-Section # • RA
- 37429-Section # • (RA Camp Care)
- 37435-Section # • RORC
- 37439-Section # • (RORC Camp Care)

SELECT A SECTION:

Discovery/Day/Sports Camps

Fee: \$163(R)/\$193(NR)**

- | | | |
|--|----------------|------------|
| <input type="checkbox"/> Week 1 | June 3-7 | Section 31 |
| <input type="checkbox"/> Week 2 | June 10-14 | Section 32 |
| <input type="checkbox"/> Week 3 | June 17-21 | Section 33 |
| <input type="checkbox"/> Week 4 | June 24-28 | Section 34 |
| <input type="checkbox"/> Week 5 ⁺ | July 1-5* | Section 35 |
| <input type="checkbox"/> Week 6 | July 8-12 | Section 36 |
| <input type="checkbox"/> Week 7 | July 15-19 | Section 37 |
| <input type="checkbox"/> Week 8 | July 22-26 | Section 38 |
| <input type="checkbox"/> Week 9 | July 29-Aug. 2 | Section 39 |



Before Camp Care

Fee: \$42(R)/\$52(NR)

- | | |
|--|------------|
| <input type="checkbox"/> Week 1 | Section 11 |
| <input type="checkbox"/> Week 2 | Section 12 |
| <input type="checkbox"/> Week 3 | Section 13 |
| <input type="checkbox"/> Week 4 | Section 14 |
| <input type="checkbox"/> Week 5 ⁺ | Section 15 |
| <input type="checkbox"/> Week 6 | Section 16 |
| <input type="checkbox"/> Week 7 | Section 17 |
| <input type="checkbox"/> Week 8 | Section 18 |
| <input type="checkbox"/> Week 9 | Section 19 |



After Camp Care

Fee: \$59(R)/\$69(NR)

- | | |
|--|------------|
| <input type="checkbox"/> Week 1 | Section 51 |
| <input type="checkbox"/> Week 2 | Section 52 |
| <input type="checkbox"/> Week 3 | Section 53 |
| <input type="checkbox"/> Week 4 | Section 54 |
| <input type="checkbox"/> Week 5 ⁺ | Section 55 |
| <input type="checkbox"/> Week 6 | Section 56 |
| <input type="checkbox"/> Week 7 | Section 57 |
| <input type="checkbox"/> Week 8 | Section 58 |
| <input type="checkbox"/> Week 9 | Section 59 |



Add On Swim Lessons

Available for Rakow Sports Camp and Discovery Day Camp - Rakow Center
Fee: \$20

**Select the proper swim level.
Select the week.**

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Week 1 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Level 4 | <input type="checkbox"/> Week 4 |
| <input type="checkbox"/> Level 5 | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Level 6 | <input type="checkbox"/> Week 6 |
| | <input type="checkbox"/> Week 7 |
| | <input type="checkbox"/> Week 8 |

⁺Discovery/Day/Sports Camp Week 5 fee is \$130(R)/\$160(NR). No Camp 7/4

⁺Week 5 AM fee is \$34(R)/\$44(NR). No Before Camp Care 7/4

⁺Week 5 PM fee is \$48(R)/\$58(NR). No After Camp Care 7/4

REFUND POLICY

If a program is canceled for any reason, a full refund will be issued to each participant. All other refunds are subject to a \$5 service charge.

To request a refund for any other reason, please complete the Refund/Transfer Request Form available at the Rakow Center and Randall Oaks Recreation Center Guest Services. You may mail, drop off or email this form to a Guest Services Manager at guestservices@tspd.org.

- If you are not satisfied with the quality of a program, you must attend two class sessions and fill out the Refund/Transfer Request Form prior to the third class meeting. A full refund will then be given. Your input on this form will help us identify where improvement is needed.
- If you are not able to participate in a program due to medical reasons, please submit a doctor's note along with the Refund/Transfer Request Form. If class has already started, a refund may be prorated. At least half of the program/activity must remain to be eligible to receive a refund.

- All other refunds must be submitted one week prior to the start of the program.
- Direct individual expenses incurred such as T-shirts, uniforms, costumes, etc. will be deducted from refunds.
- If a refund is approved, a receipt will be emailed to the household after processing. We reserve the right to issue a refund in the form of household credit.

If a refund is approved for returned payment:

- Original payment by cash or check will receive a refund in the form of a check.
- Original payment paid by credit/debit card will receive credit on the card with which payment was made, when possible.

Submission of a Refund Request Form does not guarantee a refund. All refund requests are subject to review and approval by the program supervisor. If a refund is denied, the program supervisor will be in contact to inform you.

OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Amount Paid _____
Supervisor's Initials _____		Amount Withheld _____
Date ____/____/____		Refund Fee \$5.00
Staff Initials _____		Total Refund _____

Reason for refund: _____
