



City of Vista Day Camp Program

Brengle Terrace Recreation Center
1200 Vale Terrace Drive • Vista, California 92084
Phone: (760) 726-1340 ext. 1501 • Fax: (760) 724-5193

Camp Refund/Credit Request Form

Date of Request: _____ Session(s): _____

Did you attend any days in the session? Yes No

If yes, what days? _____

Child/Children's Name: _____

Parent's Name (must be original payee): _____

Address: _____ City: _____ Zip: _____

All requests for refunds must be made prior to first camp meeting. All requests for credit memos must be made before the last day of camp for that week. Missed days will not be refunded or credited.

Refund (25% handling fee assessed)

All refunds will be mailed approximately 4 weeks after a request is submitted.

Camp Credit (100% - expires one year from date of issue)

Camp credit vouchers cannot be exchanged for a refund. You will not receive any additional correspondence.

Reason for Request: _____

Office use only:

Date received _____

Changed:

Recware

Original Receipt

Amount Due \$ _____

Issued:

Credit

Check refund

Credit Card Refund