

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF DOOR COUNTY**

Reimbursement Request Form

Responsible Party Name:	
Alternate Responsible Party:	
Member Name(s):	
Address:	
Telephone:	
Email:	
SUMMER PROGRAMMING REIMBURSEMENT REQUEST FORM	
Please provide a detailed explanation of why and for which weeks you are requesting a Summer Programming Request :	
Why:	

Weeks:	

<i>All Refunds Subject to a \$15.00 Processing Fee</i>	
Signed:	_____
Printed Name:	_____
Request Date:	_____
<i>14 day advance notice required for reimbursement requests. All requests received after 1st day of Programming subject to approval by the Finance Committee.</i>	
Request Approved:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Signed:	_____
Date:	_____

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1

Boys and Girls Club of Door County, 55 South Third Avenue, P. O. Box 579, Sturgeon Bay, WI 54235

Telephone: 920.818.1046

E.mail: cneuville@bgcdoorcounty.org

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