

**UFSC - REQUEST FOR REBATE FOR
 20__ YOUTH SUMMER CAMP / LANGUAGE STUDIES
 REBATE IS \$ 50.00 PER WEEK TO A MAXIMUM OF 2 WEEKS = \$ 100.00
 DEADLINE FOR REBATE REQUESTS IS DECEMBER 31**

Rebate requested by: _____
 Name

_____ Mailing Address

For Youth Member #1: _____
 Name

_____ Branch and Policy Number Age of Youth Member

_____ Name of Camp or School

_____ Location of Camp or School Length of Camp (max 2 wk)

For Youth Member #2: _____
 Name

_____ Branch and Policy Number Age of Youth Member

_____ Name of Camp or School

_____ Location of Camp or School Length of Camp (max 2 wk)

For Youth Member #3: _____
 Name

_____ Branch and Policy Number Age of Youth Member

_____ Name of Camp or School

_____ Location of Camp or School Length of Camp (max 2 wk)

Use separate page for additional Youth Members that are being included in this rebate request.

_____ Date of Request for Rebate _____ Signature of Person Requesting Rebate

_____ Please Print Name

_____ Name and Address that Rebate is to be sent to - if different from above

TOTAL REBATE AMOUNT REQUESTED - _____ \$ _____
BE SURE TO INCLUDE A COPY OF THE CAMP RECEIPT

FOR OFFICE USE ONLY: Member Data Verified: _____ Receipt(s) Verified: _____

Payment of Rebate - To: _____

Date: _____ Chq. # _____ Amount _____