

**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 _____