Cub Scout Day Camp

Refund Request Form

Planning and purchasing for camp happens long before camp begins and is based on your reservation of space at camp. Consequently, refunds are made as follows:

- Cancellation 2 weeks before camp begins will be considered for a refund minus 50% of fees paid. Once Day Camp has begun, no refunds are made unless one or the following is met:
  - Family moves out of Council.
  - There is a death or serious illness in immediate family.
  - The individual becomes ill and is unable to attend camp.

Fees are transferable to other Boys

Refund Requests will be reviewed by the Camping Committee, if a refund is granted; it will be for 50% fees due. Refund checks are mailed in early November and will be made out to the Unit Leader.

Units or parents may request a refund up to 2 weeks prior to camp, submit this form to the Council Office. Please submit a separate form for each request, and list the specific reason the Scout was unable to attend.

**Camp Directors are not authorized to determine refunds due**

Scout Name:__________________________________________   Unit #:____________

Contact Phone:___________________    Email:______________________________________

Camp Attending:_________________  Camp Dates:_____________ Amount Paid:________

Reason for Refund:      Date Submitted:____________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I understand that this refund request will be reviewed and if approved, checks will be issued to the unit leader. Refund checks will be mailed in November following camp.

Parent or Guardian Signature: ________________________________________________________

Unit Leader Signature:                _______________________________________________________

For Office Use Only

Date Received: ___________________________

Approved By:___________________________    Date:__________    Refund Method:_______

Revised 2.1.14