

# CAMP FEE REFUND REQUEST FORM

**Must be submitted by August 31**

Circle appropriate camp

Boy Scout Camp Week	1	2	3	4
Cub Overnighter	1	2	3	
Bear Resident Camp	1			
Webelos Camp	1	2		
Day Camp	OCV	RC	TR	

Dates of Camp if unsure which Session _____ _____
---

If an instance of illness, death in the family, or move from the council territory makes it impractical for the Scout to attend summer camp, a portion of the fee may be refunded to the unit. Fees are not refunded for homesickness or dismissal from camp.

1. Units that fail to attend camp without prior notification will forfeit all fees.
2. Deposits are transferable, but not refundable.
3. Refunds or credits against anticipated refunds due will not be available at camp.
4. Refund requests must be made by the Scoutmaster/Cubmaster or the Pack/Troop Committee Chair and must be submitted to the Council Service Center before August 31.
5. All refund requests will be reviewed by the Council Camping and Activities Committees at their September meetings.
6. **Refunds will be issued to the unit only.**

Name of Scout: \_\_\_\_\_

Pack/Troop Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please explain the reason the Scout was unable to attend camp or is requesting a refund. Attach any supporting documents.

Use reverse side of form if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of fees paid: \_\_\_\_\_

Amount of refund requested: \_\_\_\_\_

Deposit refund in Unit Account at the Council Service Center

Signature of Requester: \_\_\_\_\_

Pack/Troop Position: \_\_\_\_\_

Printed Name of Requester: \_\_\_\_\_

Phone # of Requester: \_\_\_\_\_

**For Office Use Only**

<input type="checkbox"/> Refund Request Accepted – Amount of Refund: _____	<input type="checkbox"/> Refund Request Rejected
Signature for Camping Committee: _____	Date: _____
Signature for Activities Committee: _____	Date: _____
<input type="checkbox"/> Refund Processed	Processed by: _____ Date: _____