

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

Refund Request Accepted – Amount of Refund: _____ Refund Request Rejected

Signature for Camping Committee: _____ Date: _____

Signature for Activities Committee: _____ Date: _____

Refund Processed Processed by: _____ Date: _____