

## REFUND REQUEST FORM

**Name:**

**Address:**

**City:**

**State:**

**Telephone:**

**Unit Leader:**

**Week #**

**Campsite:**

**Reason for Refund: (Must be completed)**

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### REFUND POLICY – BOY SCOUT RESIDENT CAMP 2012

Full refund less \$50.00 will be issued if cancellation occurs by June 30.

The camp fee minus \$150.00 will be issued if cancellation is on or after July 1.

Refund requests must be submitted in writing to the Camp Director.

**No refund requests will be accepted after August 31.**

<b>Amount Paid to Date:</b>	\$
<b>Less Non-Refundable Deposit/Fee</b>	\$ (- 50.00) or (- 150.00)
<b>Total Refund Due:</b>	\$

<b>Mail Refund to:</b>	Name:		
	Address:		
	City:	State:	Zip:

Unit Leader Approval:		Date	
Camp Director Approval:		Date	
Refund Request Received	Date	By	
Refund Issued	Date	Amount	Check No#