

## REFUND REQUEST FORM

<b>Camper Name(s):</b>	
<b>Name of person requesting refund:</b>	<b>parent or unit leader</b> <small>(circle one)</small>
<b>Telephone:</b>	<b>Unit/District:</b>
<b>Week #</b>	<b>Campsite:</b>
<b>Reason for Refund: (Must be completed)</b>	
_____	
_____	
_____	
_____	
_____	

### REFUND POLICY – BOY SCOUT RESIDENT CAMP

Full refund less \$50.00 will be issued if cancellation occurs by June 15.

Camp fee minus \$150.00 will be issued if cancellation is on or after June 16 but prior to start of camp.

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

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

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

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

Camp Director Approval: _____		Date _____	
GL Account: 1-6748-073-21			
Refund Request Received	Date _____	By _____	
Refund Issued	Date _____	Amount _____	Check No# _____