

REFUND REQUEST FORM

| | | |
|--|---------------------|---------------|
| Name: | | |
| Address: | City: | State: |
| Telephone: | Unit Leader: | |
| Session # | Campsite: | |
| <p>Reason for Refund: (Must be completed)</p> <hr/> <hr/> <hr/> <hr/> <hr/> | | |

REFUND POLICY – FAMILY WEEKEND & CUB SCOUT/WEBELOS RESIDENT CAMP 2012

Full refund less \$50.00 will be issued if cancellation prior to 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.

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

| | | | |
|------------------------|----------|--------|------|
| Mail Refund to: | Name: | | |
| | Address: | | |
| | City: | State: | Zip: |

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