

REFUND REQUEST FORM

Camper Name(s):

Name of person requesting refund:

parent or unit leader

(circle one)

Telephone:

Unit/District:

Week #

Campsite:

Reason for Refund: (Must be completed)

REFUND POLICY – SCOUTS BSA 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.

Amount Paid to Date:

\$

Less Non-Refundable Deposit/Fee

\$ (- 50.00) or (- 150.00)

Total Refund Due:

\$

Check Payable to:

Mail Refund to:

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#