

# REFUND REQUEST FORM

Scout Name(s):	
Name of Person Requesting Refund:	Parent / Unit Leader <small>(circle one)</small>
Telephone:	Unit/District:
Week #:	Campsite:
Reason for Refund (must be completed):	
_____	
_____	
_____	
_____	

<b>REFUND POLICY – SCOUTS BSA RESIDENT CAMP</b>	
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.	
<b>NO REFUND REQUESTS WILL BE ACCEPTED AFTER AUGUST 31.</b>	
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 #: