

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):	

REFUND POLICY – SCOUTS BSA RESIDENT CAMP	
Full refund less \$75.00 will be issued if cancellation occurs by June 15.	
Camp fee minus \$175.00 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:	\$ (-75.00) or (-175.00)
Total Refund Due:	\$

Check Payable to:			
Mail Refund to:	Name:		
	Address:		
	City:	State:	Zip:

Camp Director Approval:	Date:		
GL Account:			
Refund Request Received	Date:	By:	
Refund Issued	Date:	Amount:	Check #: