

SUMMER CAMP REFUND REQUEST FORM

Camp fees are non-refundable as we encourage Units to transfer fees to another Scout from your Unit who is attending camp. However, the Council Camping Committee will deal with each situation in which a **written refund request** is received and endeavor to be as fair as possible. All refunds are calculated after the \$75 nonrefundable deposit. These are the guidelines we follow:

Sickness, injury or family tragedy **during** camp resulting in the Scout being sent home:

- First third of session - 50% refunded
- Second third of session - 25% refunded
- Last third of session – **no refund**

Sickness, injury or family tragedy **before** camp resulting in the Scout not attending:

- Notification of Council before camp week - 100% refunded
- Notification **at** check-in during camp week - 50% refunded
- Notification **after** check-in – **no refund**

All other reasons; i.e. baseball tournament, change in vacation plans, etc.:

- Notification of Council at least 7 days **before** your scheduled camp date - 50% refunded
- Less than 7 days, **no refund**.

Name(s): _____ **Unit #** _____

Contact Name: _____

Contact Phone: _____ **Email:** _____

Camp: [] **Tesomas Scout Camp** [] **Akela’s World**

Camp Dates: _____ **Amount Paid:** _____

Reason for refund:

I understand this refund request will be reviewed and if approved a check or credit will be made to the unit. The unit will then reimburse individual families and/or Scout accounts. The contact person above will receive an email indicating the amount of the refund.

Signature _____ **Date:** _____

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Amount Approved: _____ **Approved By:** _____ **Date:** _____

Posted to Unit Camp Bill: _____ **Date:** _____ **Emailed Contact:** _____