

REQUEST FOR CAMP REFUND



BOY SCOUTS OF AMERICA®
CRATER LAKE COUNCIL

File with the council business manager **BEFORE** departing for camp.

COUNCIL _____ UNIT # _____ RESERVATION # _____

DATE _____ NAME _____ CAMP _____

Please note: Notice must be received by August 10th to be considered

Refunds will be mailed to committee chair by September 30.

We are requesting a refund for the following Scout(s) for the following reasons:

<u>NAME OF SCOUT</u>	<u>REASON FOR REFUND (BE SPECIFIC PLEASE)</u>	<u>APPROVED</u>	<u>DENIED</u>

- Cancellations on or before April 30: all fees paid, are transferable within the reservation. If the entire unit reservation is cancelled, \$350 deposit per Unit is forfeited.
- Cancellations between May 1 and **two weeks** prior to camp: a refund of all fees paid, less a program cost recovery fee of 60% of the per Scout fee, is made.
- **Within two weeks of camp, a refund for fees paid minus the 60% program cost recovery fee will only be made for:**
 - A) Scout's family moves out of council
 - B) There is a death or serious illness in the Scout's immediate family requiring their attendance
 - C) The Scout becomes ill and unable to attend camp
 - D) If a Scout becomes ill while attending camp and is sent home by the camp medical personnel, the Scout shall be entitled to a pro-rated refund based on the fee less a program cost recovery fee of 60%.

***No refund requests submitted after August 10th will be considered.

FOR CAMP USE ONLY:

Received by _____ Date: _____

FOR OFFICE USE ONLY:

Refund amount approved \$ _____ Refund Denied _____ Date _____

By _____ Reason Denied _____

