

Webelos Resident Camp Refund Request Form

Send to council office in Everett. If changes are within 1 week of camp, also bring a hard copy to file with the camp business manager at check-in. For injury/illness at camp, file form with Admin prior to camp departure.



BOY SCOUTS OF AMERICA®
MOUNT BAKER COUNCIL

DATE _____ COUNCIL _____ UNIT # _____

NAME _____ PHONE _____ CAMP DATES _____
(person completing form)

Please detail which participants from your unit are not attending camp and why. This form will be used to determine if a refund may be granted. If a refund is approved, refund checks will be mailed to the original payee. For Mount Baker Council units, if fees are paid by the Pack, you may also opt to have the refund deposited into the unit trading post account.

Please indicate preferred payment type: Check to payee Deposit to Pack trading post account

Name of Scout	Reason for absence - Please be detailed. Attach additional documentation (Dr. notes, etc.).	Amount approved	Denied
Total			

Refund Policy

- ◆ Refund requests will be processed after the conclusion of camp.
- ◆ All refund requests must be made in writing and received on or before the first day of camp.
- ◆ For cancellations 30 days prior to camp, fees paid, less a \$25 program service charge, are refunded to the original payer of the fees.
- ◆ **Within 30 days of camp, no refunds are granted unless the Scout in question finds himself in one of these circumstances:**
 - a) his family moves out of council due to an unforeseen situation.
 - b) there is a death or serious illness in his immediate family requiring his attendance.
 - c) he himself becomes ill and unable to attend camp. Last minute cancellations due to chronic conditions may not meet the criteria of becoming ill.
 - d) the Scout becomes ill/injured while at camp and is sent home by the camp medical personnel. The Scout will be granted a pro-rated refund of fees paid, less the \$25 program service charge.

FOR OFFICE USE ONLY:

Approved by: _____ Signature: _____ Date: _____

Denial sent: ___ yes, Mail/Email, Date: _____ Refund entered: ___ yes, Date: _____ Check #/mailed on: _____

Notes: _____

