

Summer Camp Refund Request Form

Send to the 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, unit leader must file form prior to camp departure.



BOY SCOUTS OF AMERICA®

MOUNT BAKER COUNCIL

1715 100th Pl SE, Suite B, Everett, WA 98208

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 your unit at the address indicated on your check-in form. Mount Baker Council units may also opt to have the refund deposited into their unit store account as indicated on their check-in form. Refund requests will be processed after the conclusion of summer camp.

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

Refund Policy

- ◆ All refund requests must be made in writing and received on or before the planned date of arrival at camp.
- ◆ For cancellations on or before May 15th all fees paid are transferrable within the reservation.
- ◆ For cancellations between May 15th and 30 days prior to camp, fees paid, less a 25% program service charge, are refunded to the original payer of 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: _____
