

REQUEST FOR CAMP REFUND



BOY SCOUTS OF AMERICA®
CRATER LAKE COUNCIL

File with the camp business manager before departing camp.

COUNCIL _____ UNIT # _____ RESERVATION # _____

DATE _____ NAME _____ CAMP _____

Please note: Refund checks are mailed in late September to the current Committee Chair.

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, \$250 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, no refunds are made unless the Scout in question finds himself in one of these circumstances:**
 - A) his family moves out of council
 - 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
 - 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%.

If a refund is granted, it will be for fees paid less the program cost recovery fee of 60%.

FOR CAMP USE ONLY:

Received by _____ Date: _____

FOR OFFICE USE ONLY:

Refund Amount Approved \$ _____ Refund Denied _____ Date _____

By _____ Reason Denied: _____