Refund Request Form

All refund requests must be submitted to the Program Director or Scout Service Center.

- Please attach a copy of your receipt with refund request.
- Please print all information. **ALL blanks must be completed.** Incomplete forms will be returned for completion.
- Refunds are reviewed by the appropriate Council Staff and take 2-4 weeks to process.
- Only refunds received in the Scout Service Center, **30 days prior to the event**, will be considered for a full refund.
- A Scout or unit leader may request a refund after an event under the following conditions: **serious illness or serious accidents** of the Scout or emergencies preventing the Scout’s attendance at the event, a **doctor’s note is required**. The request must be submitted no later than 30 days after event and will be reviewed by the appropriate Council Staff.
- Event fees are non-refundable for homesickness, scheduling conflicts (sporting events, music camp, family vacation, etc.) or weather conditions. No refunds will be issued for early departures from camp.

Attendee Name: ___________________ Pack/Troop/Crew/Ship: _______ Council: _______
Attendee Address: ___________________ City/State/Zip: _______________________
Attendee Phone: ___________________ Attendee is: Youth Adult (Circle one)

Event Registered to attend: (write below)
_____________________________ ________________________

Describe reason for refund request: **(See above for refund conditions, please be as specific as possible and provide the required documents if needed).**

Select method of refund:

______Deposit refund into unit account at Scout Service Center
______Check (If payment was by unit check, the refund will be issued to the unit.)

Person requesting refund (print name): __________________________
Signature: ___________________ Date: __________ Phone: __________

Unit Leader Name: __________________________ Phone: __________

Unit Leader e-mail address: __________________________

Office use only: Date Received in Service Center: ____________________ by ____________________ (staff name)
Amount approved $ __________ date __________ by ____________________
Refund processed on date: __________________

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