

Event Refund Request Form

All refund requests must be submitted to the Program Director or Scout Service Center prior to the start of the event.

- Please attach a copy of proof of payment (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. Refunds received **2 weeks prior to the event**, will be considered for 50% refund. Cancellations, with legitimate reasons, after event will be subject to consideration.
- If a Scout or unit leader request a refund after an event under the following conditions: serious illness or serious accidents of the Scout or Family illness or emergencies preventing the Scout’s attendance at the event, it 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: _____ Troop/Pack: _____ Council: _____

Attendee Address: _____ City/State/Zip: _____

Attendee Phone: _____ Attendee is: Youth Adult (Circle one) Event

Registered to attend: (write below)

Dates attended event (if any): _____ Fees paid: \$ _____

Describe reason for refund request: (please be as specific as possible. See above for refund conditions. Use back of form 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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Office use only: Date Received in Service Center: _____ *by* _____ *(staff name)*
Amount approved \$ _____ *date* _____ *by* _____
Refund processed on date: _____