

2018 Summer Camp Refund Request

(includes Boy Scout and Cub Scout Resident Camp and Cub Scout Day Camp)

The Scout's parent, guardian or unit leader must complete this form.

A Summer Camp Refund Request Form must be completed for each individual requesting a refund. The form must be completed and submitted to: Cradle of Liberty Council, 1485 Valley Forge Rd, Wayne, PA 19087.

All approved refunds are paid by check to the unit contact, or parent if an individual registration in the online registration system.

If the refund request is:

- Submitted on or before May 31: resident camp forfeit \$50, day camp forfeit \$25, balance of fees refunded,
- Submitted AFTER June 1 : refunds will be considered for:
 - **Medical or school (summer school) reasons** – must be submitted with a note from the doctor or school within 30 days of the camp week.
 - Missed five or six days: forfeit 25% of the camp fee, balance of fees refunded
 - Missed three or four days: forfeit 50% of camp fee, balance of fees refunded
 - Missed one or two days: forfeit 75% of the camp fee, balance of fees refunded
 - Refund request submitted more than 30 days after the camp week or without note from doctor or school: No refund
 - **All other reasons:**
 - Request submitted more than 30 days prior to camp: Forfeit 35% of camp fee, balance of fees refunded
 - Request submitted less than 30 days prior to camp week: No refund

Scout's Name: _____ Unit #: _____

Contact Phone: _____ Email: _____

Camp: _____ Camp Dates: _____ Amount Paid: _____

Circle the reason for your request above. (supporting documentation must be enclosed)

I understand this refund requested will be reviewed and if approved, payment will be issued to the unit contact in the Online Registration System. Please allow 6 – 8 weeks.

Parent/Guardian/Unit Leader Signature: _____ Date: _____