



VENTURING-BSA



# Summer Program Refund Request

All refund requests must be submitted [on this form] to the Council Service Center by September 1. [Forms submitted after this date cannot be considered.] **Refunds are issued only for medical and/or family emergencies.** If approved, a refund will be issued by October 15<sup>th</sup>.

Scout's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Circle One: Cub Scout Boy Scout Venturer Explorer Unit No. \_\_\_\_\_

Date(s) Camp Held \_\_\_\_\_ Amount of Refund Requested \$ \_\_\_\_\_

Camp for which refund is requested (Circle One):

Cub Scout Day Camp

Cub Scout Resident Camp

Boy Scout Summer Camp

Challenge Week

Other (Specify) \_\_\_\_\_

Summarize the reason(s) for the refund request — be specific remembering **refunds are issued only for medical and/or family emergencies.** Continue on the back of the form as needed.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Unit Leader's Approval \_\_\_\_\_

Date \_\_\_\_\_

### For Office Use Only

Date Received \_\_\_\_\_ Payment Verified (Circle One): Yes No

Request (Circle One): Approved Rejected Date Notification / Check Forwarded \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_