Summer Camp Absentee and Request for Refund Form

If it is within two weeks of your camp session and a you need to drop youth from your reservation, fill out this form and file it with the camp business manager before leaving camp.

BOY SCOUTS OF AMERICA®
CASCADE PACIFIC COUNCIL

COUNCIL _____ UNIT (Pack, Troop, Team, Crew) # _____

NAME _____ PHONE:(___)____-_____CAMP _____

Please note: We need to know which **youth** from your unit did not attend camp and why (adults that did not attend camp do not need to be listed on this form). This form will be looked at and a refund may be granted. If a refund is granted, refund checks are mailed to the unit's current Committee Chair. Camp refunds are combined with other refunds due to the unit, minus any outstanding unit debts to the council, into one check or invoice and are mailed in October. The unit Committee Chair will be informed by mail if any Scout is denied a refund.
If this form was not submitted at camp, forms can come directly to the office. Requests for refunds will not be accepted after **September 15th.**

Name of Scout(s)	Reason for Absence (please be specific, use extra paper if needed)	Amount Approved	Denied (initial)
	Total		

Refund Policy

- Cancellations on or before May1st: all fees paid, less the $10 deposit per Scout, are transferable within the reservation. If the entire unit reservation is cancelled, the $10 deposit per Scout if forfeited.
- Cancellations between May 1st and two weeks prior to camp: a refund of all fees paid, less $75per Scout ($25 per Scout for day camp), 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 due to an unforeseen situation.

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. Last minute cancellations due to chronic conditions may not meet the criteria of becoming ill.

D) a Scout who 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 minus the first and second payments.

FOR OFFICE USE ONLY:

Approved by: _____Signature:_____Date _____

Denial Letter Mailed: _____Yes, Date:_____ Refund entered into system: _____Yes, Date:_____

Notes:_____

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