REQUEST FOR CAMP REFUND

File with the camp business manager before departing camp.

Cascade Pacific Council
BOY SCOUTS OF AMERICA
2145 SW Naito Parkway
Portland, OR 97201
503.226.3423
www.cpcbsa.org

SCOUTING CHANGES LIVES

COUNCIL _____ UNIT # _____ RESERVATION # _____

DATE _____ NAME _____ CAMP _____
Unit Representative (Please print)

Please note: Refund checks are mailed in late September to the current Committee Chair.

We are requesting a refund for the following Scout(s) for the following reasons:

NAME OF SCOUT	**REASON FOR REFUND** *(BE SPECIFIC PLEASE)*	**APPROVED**	**DENIED**

- Cancellations on or before the May payment day: 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 the May payment and two weeks prior to camp: a refund of all fees paid, less $60 per Scout ($10 for day camps), 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**
  - **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**
  - **D) if a Scout 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.**

If a refund is granted, it will be for fees paid less the $60 deposit ($10 for day camps).

FOR CAMP USE ONLY:
Received by _____ Date: _____
(Business Manager/Camp Director)

FOR OFFICE USE ONLY:
Refund Amount Approved $_____ Refund Denied _____ Date _____

By _____

Reason Denied: _____

Revised: 2/28/2008