



## ***Refund Policy- Summer Resident Camps***

This General Refund Policy applies to all Summer Resident Camps of the Shenandoah Area Council, BSA unless otherwise stated.

The Shenandoah Area Council strives to provide the absolute best program. We sign contracts with staff and vendors based upon confirmed reservations. Cancellations after May 1<sup>st</sup> undermine our ability to provide a quality Summer Resident Camp program.

Refund requests will be considered on a case-by-case basis:

- Prior to May 1st – full refund of funds paid will be issued
- May 1st – 50% refund of funds paid will be issued in the event of a death of an immediate family member, sickness, injury, or summer school requirement (verification from physician or other official required).
- After May 15<sup>th</sup> – NO REFUND of funds paid will be issued in the event the participant's reasons include vacation schedule, sports, work or other camps and last-minute changes in desire to attend camp.

### **Note:**

1. Refund requests made more 7 days following the end of the session will NOT be considered.
2. Fees cannot be rolled over to a future event or activity.
3. Refund requests should be submitted in writing by the Unit leader on the official SAC Refund Request Form and submitted to the SAC Armstrong Service Center and can be sent by mail, email, or fax.
4. Refund checks will be issued to the entity paying the original fee within 30-days of receipt of the written request pending its approval.
5. Unit leadership is responsible for conveying the refund policy to the participants and their parents or legal guardians.

**REFUND REQUEST FORM  
SUMMER RESIDENT CAMP**

Participant Name/Unit: \_\_\_\_\_  Scout  Adult

Unit Type:  Pack  Troop  Crew    Unit #: \_\_\_\_\_ Council: \_\_\_\_\_

Summer Resident Camp Program:

| <i>Select One</i>                               | <u>Session Date</u> |                             |
|---|---------------------|-----------------------------|
| <input type="checkbox"/> Cub Scout Session #1   | _____               | Total Fees Paid:            |
| <input type="checkbox"/> Cub Scout Session #2   | _____               | \$ _____                    |
| <input type="checkbox"/> Webelos/AOL Session #1 | _____               |                             |
| <input type="checkbox"/> Scouts BSA Session #1  | _____               | Amount of refund requested: |
| <input type="checkbox"/> Scouts BSA Session #2  | _____               | \$ _____                    |
| <input type="checkbox"/> Scouts BSA Session #3  | _____               |                             |
| <input type="checkbox"/> Scouts BSA Session #4  | _____               |                             |
| <input type="checkbox"/> Other                  | _____               |                             |

**Reason for Refund Request:** *(provide supporting documentation if applicable)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please provide the following information to receive your refund:***

Unit Leader Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

I understand this request will be reviewed and, if approved, payment will be made to the unit leader as appropriate.

Signature of unit leader \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  YES Full Refund  NO Refund  PARTIAL Refund **AMOUNT REFUNDED:** \_\_\_\_\_

If No Refund or Partial Refund is being granted, explain why below:

\_\_\_\_\_  
\_\_\_\_\_

REMOVE \$ \_\_\_\_\_ CREDIT FROM TENTAROO ACCOUNT.

Date Refund Check Request Submitted for processing: \_\_\_\_\_ by: \_\_\_\_\_