

# REQUEST FOR CAMP REFUND



BOY SCOUTS OF AMERICA  
Santa Clara County Council

File with the Camp Business Manager/Camp Director before departing camp.

Please return this form to: 970 W Julian St, San Jose CA 95126 / fax 408.280.5162 / cubcamp@scccbsa.org / [www.scccbsa.org/cubcamp](http://www.scccbsa.org/cubcamp)

Council: \_\_\_\_\_ Unit # \_\_\_\_\_ Reservation # \_\_\_\_\_

Camp: \_\_\_\_\_

Session dates: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Unit Representative (please print)

**Please note:** refund checks are mailed in late September to the current Committee Chairman

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

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

1. Cancellations on or before May 31<sup>st</sup>; all fees paid, less the \$20 deposit per Scout, are transferable within the reservation. If the entire Pack reservation is cancelled, the \$20 deposit per Scout is forfeited.
2. Cancellations between May 31<sup>st</sup> and two weeks prior to camp: a refund of all fees paid, less \$60 per Scout for resident camps (\$20 for day camps), is made.
3. Within two weeks of camp, no refunds are made unless the Scout in questions finds himself in one of the 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

If a refund is granted, it will be for fees paid minus the \$60 deposit for resident camps and \$20 for day camps.

**For Camp Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Business Manager/Camp Director)

<p><b>For Office Use Only:</b></p> <p>Refund Amount Approved \$ _____ Refund Denied \$ _____ Date _____</p> <p>By _____</p> <p>Reason Denied: _____</p>
---