

## Day Camp Refund Request Form

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

Council: \_\_\_\_\_ Camp Arrival Date: \_\_\_\_\_

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

**Refund Policy:**

1. All refund requests must be received by the Day Camp Staff Advisor, Justin Schmiedel (justin.schmiedel@Scouting.org) thirty (30) days prior to attending camp. No refunds will be granted without thirty (30) days notice unless one of the extenuating circumstances listed below is met.
2. Refund requests will **NOT** be accepted at camp.
3. All refund requests must have a unit leader's signature to be considered.
4. All refunds will be issued by check to the unit, **NOT** the individual and will be sent to the primary contact listed on the unit's camp reservation. The unit is responsible to distribute the refund.
5. Absolutely no refunds will be granted for No Shows.
6. All refunds will be less a 10% processing fee.

The only circumstances under which a refund will be considered less than thirty (30) days prior to arrival are:

1. An injury/illness that prevents attendance at summer camp. A signed doctor's note must accompany this request.
2. COVID-19 related Symptoms with Scout or Family Member of Scout is Discovered.
3. The death of an immediate family member (parent/guardian, sibling, grandparent).
4. Family relocation makes attending camp impractical.
5. Mandatory summer school attendance/work schedule change. A signed note from the school/employer must accompany this request.
6. All requests must be received no later than August 31 of the year of attendance. Requests after August 31 will not be considered.

**Please complete one form per camper requesting a refund.**

Camper Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_  
 \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Signature (Unit Leader): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Request Received: _____	Request Processed: _____
Approved: _____	Denied: _____ Amount: \$ _____
Approval: _____	Date: _____

<b>Send form to:</b>
Laurel Highlands Council, BSA 1275 Bedford Ave Pittsburgh, PA 15219 Fax: 412-232-3524 justin.schmiedel@scouting.org