

EVENT REFUND REQUEST

*Refund requests must be submitted to the Pacific Crest Council within 30 days of the conclusion of the event. Submit requests to: billing@pccscouting.org.

COUNCIL	UNIT #	RESERVATION #				
DATENAME	<u> </u>	EVENT				
PHONE #	EMAIL					
We are requesting a refund for the	e following Person(s) for the following r	easons:				
NAME OF PERSON	REASON FOR REFUND (BE	SPECIFIC PLEASE)	AMOUNT PAID	APPROVED OR DENIED		
Initial deposits, if applicable, a						
	ferred to another Participant of the sames servation 30 days or more before the re					
• Cancellations between 29 and refundable deposits).	15 days before the event will receive a	50% refund of all fees paid (min	us, if applicable,	any non-		
No refunds will be provided for	r cancellations 14 days or less before th	e event. *				
A) The family moves out oB) There is a death or seriC) They become ill and are	the Participant in question finds themse f council. ous illness in their immediate family req e unable to attend the event. es ill while attending the event and is se	uiring their attendance.				
 If an event is cancelled or po refunded. 	stponed and the participant cannot atte	end on an alternate date, 100% o	of the fee will be			
ethod if the navment was made by cro	pe processed within 30 days after the ever edit card, check, or unit account. Cash pay	ments will be refunded by check				
FOR EVENT USE ONLY :						
Received by		Date:				
FOR OFFICE USE ONLY:						
Refund amount approved \$	Refund Denied	Date				

By______Reason Denied _____

REV 03/25