

Summer Camp Refund Request Form

Unit # _____ Unit Type: _____ Pack _____ Troop _____ Crew _____ District: _____

Council: _____ Camp Arrival Date: _____

Camp Attending: _____ Independence _____ Freedom _____ Liberty _____ Seph Mack

Refund Policy:

1. All refund requests must be received at the Flag Plaza Scout Service Center 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. The death of an immediate family member (parent/guardian, sibling, grandparent).
3. Family relocation makes attending camp impractical.
4. Mandatory summer school attendance/work schedule change. A signed note from the school/employer must accompany this request.
5. 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: \$ _____ Campership: \$ _____

Signature (Unit Leader): _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____

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

Send form to: Laurel Highlands Council, BSA 1275 Bedford Ave Pittsburgh, PA 15219 Fax: 412-232-3524 Email: lhccamping@scouting.org
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