**Day 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 by the Day Camp Staff Advisor, Steve DiMiceli (sdimicel@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. 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**: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **For Office Use Only Send form to:**

 Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laurel Highlands Council, BSA

1275 Bedford Ave

 Approved: \_\_\_\_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_ Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Pittsburgh, PA 15219

Fax: 412-232-3524

 Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: sdimicel@scouting.org