2019 CUB SCOUT SUMMER CAMP REFUND REQUEST FORM

ONLY the following reasons will be considered for a refund and appropriate documentation must be submitted with your Refund Request Form:

1. Scout’s illness – written statement is required from physician.
2. Extreme family emergency – written statement is required from parent.
3. Required Summer School – written statement is required from school principal or guidance counselor indicating that summer school is necessary in order to pass to the next grade.
4. Adults whose work schedule/vacation schedule was changed beyond their control.

NO REFUNDS WILL BE CONSIDERED AFTER AUGUST 15th, 2019.

Submit this form for review to: Green Mountain Council, P. O. Box 557, Waterbury, VT. 05676

Camper Name____________________________ Scout______ Adult________

Unit #_________ Camp attending __________________________ Date____________

INDICATE REASON FOR REFUND REQUEST (attach documentation)
____________________________________________________________________
____________________________________________________________________

REFUNDS WILL BE POSTED TO UNIT ACCOUNT IN THE FORM OF A CREDIT
It is the unit’s responsibility to refund money to individuals.

I understand this request will be reviewed, and if approved, payment will be made to the unit account. A $50 handling fee will be assessed.

Parent/Adult Signature: ___________________________________ Date: ______________

Address: ___________________________________________ City/State/Zip: _______________

Unit Leader Signature: ___________________________________ Date: ______________

Address: ___________________________________________ City/State/Zip: _______________

For Office Use Only

Refund approved: _____________________________________ Denied: ___________________

Signature: __________________________________________ Signature: ___________________

Indicate reason:____________________________________________________________________

A refund for (Camper Name) ___________________________ has been credited to your unit account.

Amount refunded: $___________________ Date of transaction_________________________
