

# 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 15<sup>th</sup>, 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)***

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**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: \_\_\_\_\_

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**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 \_\_\_\_\_**