Prairielands Council, Boy Scouts of America

**Camp Refund Request** 

- ✓ Cub Scout Day Camp
- ✓ Cub Scout Adventure Camp
- ✓ Scouts BSA Summer Camp



## Mail Completed Form & Attachments to:

Camp Refund Review Prairielands Council, BSA P.O. Box 6267 Champaign, IL 61826-6267

## **Council Camp Refund Policy**

Planning for summer camp begins months prior to the first session. This includes hiring staff, ordering food, supplies, materials and patches. Because planning is based on projected attendance, requests for refunds of registration fees are reviewed and considered based on individual cases. For a refund to be considered, this form must be submitted within the timeframe below and must have a valid reason for not attending as planned. Not all refund requests are guaranteed to be approved.

One month prior to camp session to be attended:
 Three weeks prior to camp session to be attended:
 Two weeks prior to camp session to be attended:
 One week prior to camp session to be attended:
 25% refund considered
 25% refund considered

Beginning of camp session to be attended:

No refund

Refunds for a camper leaving camp after the session has begun will not be considered. Refunds are not available for other district/council activities.

All refunds, regardless of date of request, will be reviewed at the close of the camping season. Approved refunds will be mailed to the indicated recipient on or before August 30.

	To Be (	Completed by Parent		
Scout's Name		Pack/Troop #		
Camp (Check)   C	ub Scout Day Camp 🔲	Cub Scout Adventure Camp	Boy Scout	Summer Camp
Week Scheduled to a	ttend camp:		_	
Reason for Refund R	equest (Check all that ap	ply)		
☐ Med	ical Condition; please att	ach explanation <u>and</u> Physician	's Note	
☐ Fam	ily Emergency; please at	tach explanation		
☐ Pers	onal Conflict; please atta	ch explanation		
☐ No L	onger Active in Scouting			
Parent's Signature:				
Address:		City	State	Zip
Phone:		E-mail:		
	Foi	· Office Use Only		
Date Received	Approved	Entered in System	Mail	ed