

# ➔ REQUEST FOR REFUND

## ■ HOUSATONIC COUNCIL'S REFUND POLICY

All requests must be received by August 31st and must have the Unit Leader's approval (signature) to be considered for refund. If a Scout will be missing days during a Camp period, that Scout needs to notify the Camp Director at check in time. No refund will include the non-refundable \$25.00 deposit.

*The only circumstances under which refunds will be granted are as follows:*

1. Illness of Scout prevents his attendance at summer camp
2. Illness or death in the camper's immediate family prevents his attendance at camp
3. Family relocation making attending camp impractical
4. Mandatory attendance at summer school that is verifiable
5. A Scout leaves camp for medical reasons (home sickness is not considered a refundable medical reason) must be certified by the Camp Health Officer or Camp Director. In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

Absolutely no refunds will be granted for —No Shows.

## REQUEST FOR REFUND FORM

Scouts name: \_\_\_\_\_ Troop/Pack # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camp Attending and Date(s): \_\_\_\_\_

Reason for Refund \_\_\_\_\_

Amount Paid for Camp: \$ \_\_\_\_\_ Amount Requesting: \$ \_\_\_\_\_

Scoutmaster/Cubmaster's Signature (required): \_\_\_\_\_

### MAIL TO:

Housatonic Council, BSA  
111 New Haven Avenue  
Derby, CT. 06418

### OFFICE USE ONLY:

Camp Week: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Verified by: \_\_\_\_\_

Amount of refund: \_\_\_\_\_ Authorized by: \_\_\_\_\_

