Refund Request Form

Scout Resident Camp
Custaloga Town Scout Reservation
2019

French Creek Council, Boy Scouts of America

Unit# ............................................. Troop  Pack
District ........................................... CD  CK  OP
Council (if NOT FCC) ........... __________________________________________
Week/Session #: ............. __________________________

Refund Policy:
1. All refund requests must be received at the McGarvey Service Center thirty (30) days prior to attending camp. No refunds will be granted without thirty (30) days notice unless you meet the extenuating circumstances listed below.
2. Refund requests will NOT be accepted at camp.
3. All refund requests must have unit leader’s signature to be considered.
4. All refunds are to the unit, not the individual. The unit is responsible to distribute refund.
5. ABSOLUTELY NO REFUNDS WILL BE GRANTED FOR “NO SHOWS”.

The only circumstances under which a refund will be considered less than thirty (30) days prior to arrival are:
1. An illness that prevents attendance at summer camp. A signed doctor’s note must accompany this request.
2. The death of an immediate family member prevents attendance at camp.
3. Family relocation makes attending camp impractical.
4. All refund requests will be subject to a $30 cancellation fee.

These requests must be submitted NO later than August 31, 2019. One form per camper.

Camper’s Name: ________________________________ Parent Name: ________________________________
Address: ______________________________________ Day Phone: ________________________________
City, State, Zip ________________________________ Evening Phone: ______________________________
e-mail address: __________________________________ Cell Phone: ________________________________

Reason for Refund: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Amount Paid: $ __________________ Refund Request: $ _____________ Campership: $ ____________

Signature (Unit Leader): ______________________ Date: __________________

Signature (Parent or Guardian): ______________________ Date: __________________

Send form to:
French Creek Council, BSA
1815 Robison Rd West
Erie, PA 16509-4905
FAX: 814-866-7514
Email: susan.eckbloom@scouting.org

Office Use Only

Verified by: ______________________ Approved: ________ Denied: ________

Amount: $ __________ Credit: __________ Check #: __________

Approval:
Scout Executive: ______________________ Date: __________
Council President: ______________________ Date: __________