



Request for Refund

Greater Niagara Frontier Council Summer Camp

- All requests will be subject to a **\$25 cancellation fee.**
- All requests must have the **Unit Leader's approval (signature) to verify payments.**
- After **August 16, 2019**, refund requests will be subject to a 50% cancellation fee.
- Requests for refunds received after **August 30, 2019** will not be considered.
- **Approved refunds will be returned to the unit.**
- **All refund requests must have supporting documentation of cancellation reason.**

THE ONLY CIRCUMSTANCES A REFUND WILL BE GRANTED ARE AS FOLLOWS:

1. Illness of Scout prevents his attendance at summer camp (doctor's note required)
2. Illness or death in the camper's immediate family prevents his attendance at camp.(documentation required)
3. Family relocation making attending camp impractical.(documentation required)
4. Mandatory attendance at summer school that is verifiable (Must include documentation from school)
5. A camper leaves camp for medical reasons (HOME-SICKNESS IS NOT CONSIDERED A REFUNDABLE MEDICAL REASON.) Must be certified by the camp health officer or camp doctor. In such cases, the camper 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 camper.

Scout Name: _____	Troop/Pack # _____ (Circle one)								
Address: _____ City _____									
State: _____ Zip _____	Phone _____ email _____								
Parents Name(s) _____									
Camp or Event Attending and Dates _____									
Reason for Refund (Please attach documentation) _____ _____									
Amount paid for camp \$ _____									
Was the Scout granted a campership? ____yes ____no									
Scoutmaster/Cubmaster signature: _____ Date _____ (Mandatory)									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Office Use:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Camp Week _____</td> <td>Approved: _____</td> </tr> <tr> <td>Amount Paid _____</td> <td></td> </tr> <tr> <td>Verified by _____</td> <td>Denied: _____</td> </tr> </table>		Office Use:		Camp Week _____	Approved: _____	Amount Paid _____		Verified by _____	Denied: _____
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