



Request for Refund

Greater Niagara Frontier Council Summer Camp



- For Cub Scout Resident Camp, Family Camp, and Scouts BSA Resident Camp registrations, the cancellation fee is based on 15% of the total event registration fee and not the amount of fees paid at the time of cancellation (Site & Bunk Deposits are not Refundable).
- Alternately fees paid for Cub Scout Resident Camp, Family Camp, and Scouts BSA Resident Camp may be transferred to another Scout or leader attending. No pro-rated fees will be given to Scouts wishing to attend a partial week of Cub Scout Resident Camp or Scouts BSA Resident Camp.
- Requests for refunds received after **August 31st** will not be considered. **Approved refunds will be returned to the unit at the end of August.**
- **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.
6. Request forms must be completed by Unit Leadership and emailed to Bob Blatz:
bob.blatz@scouting.org

Scout/Adult Name: _____ Troop/Pack # _____
(Circle one)

Session Dates _____

Reason for Refund (Please attach documentation)

Amount paid for camp \$ _____

Was the Scout granted a campership? ____ yes ____ no

Unit Leader/Unit Chair completing refund request: _____

Office Use:

Camp Week _____

Amount Paid _____

Verified by _____

Approved: _____

Denied: _____