

### TVSR Summer Camp Refund Request Form

Refund requests must be submitted to the Worcester Service Center (19 Harvard St. Worcester, MA 01609) at least two weeks prior to the start of the camp week for which you have registered. Refunds will not be given for cancellations after this date except under extenuating circumstances (serious illness, family death, summer school, custody issues, and reasons that don't involve choice). Fees may however, be transferred from one Scout to another within the same unit (coupon excluded). Many expenses occur six weeks prior to the start of camp so the Council reserves the right to withhold an administration fee of \$50.00 for any refund given.

Camper's Name: \_\_\_\_\_  Scout (Youth)  Scouter (Adult)

Pack  Troop # \_\_\_\_\_ District: \_\_\_\_\_ Scheduled camp dates: \_\_\_\_\_

Camp: Day Camp Family Camp Webelos Under the Stars Boy Scout Resident Camp

**Reason for refund request:**

(CIRCLE ONE) **POPCORN / SIBLING** discount missed in the amount of \$ \_\_\_\_\_; or

Other: \_\_\_\_\_

Is this reason **acceptable** within the extenuating circumstances listed above?  Yes  No

**Original Payment** Method \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Refund Requested \$ \_\_\_\_\_

Preferred method of refund:  Mail Check  add to unit account # \_\_\_\_\_

**Make check payable to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**I understand this refund request will be reviewed and if approved payment will be processed at the end of the camping season (August of current year). No refunds will be approved after the last day of summer camp.**

Parent, Guardian, or Unit Leader signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR COUNCIL USE ONLY</b>	
Date request received: _____	Account # <u>1 - 6748 -</u> - <u>21</u>
Reviewed by: _____	Date: _____
<input type="checkbox"/> <b>Approved</b>   Amount of refund: _____	<input type="checkbox"/> <b>Denied</b>   Reason: _____