

2019 Camp Refund Request Form

Refund requests must be submitted to the Heart of New England Council (1980 Lunenburg Rd., Lancaster, MA 01523) 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 Heart of New England 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: Please Circle: **TVSR** **Camp Wanockett** **Camp Split Rock**

Program Attending: _____

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 Other: _____

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 2019). No refunds will be approved after the last day of summer camp.

Parent, Guardian, or Unit Leader signature _____ Date _____

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