





# Request for Summer Camp Refund

Please File with the Ventura County Council Service Center  
 509 East Daily Drive  
 Camarillo, CA 93010  
 or by fax at 805-484-9172

**Cancellations on or before the April 30 payment day:** all fees paid, less the deposit per Scout made after March 1, are transferable within the reservation. If the entire unit reservation is cancelled, the \$350 deposit per unit is forfeited.

**Cancellations between the April 30 payment and four weeks prior to camp:** a refund of all fees paid, less 60% of the per Scout fee is made.

**Within four weeks of camp, no refunds are made unless the Scout in question finds himself in one of these circumstances:**

-  His family moves out of council.
-  There is a death or serious illness in his immediate family requiring his attendance.
-  He himself becomes ill and unable to attend camp per doctors orders.
-  If a Scout becomes ill while attending camp and is sent home by the camp medical personnel, the Scout shall be entitled to a pro-rated refund based on the 40% of the camp fee.

COUNCIL \_\_\_\_\_ UNIT # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ UNIT COMMITTEE CHAIR (CC) NAME \_\_\_\_\_

CHAIR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CAMP \_\_\_\_\_ CAMP DATE(s) \_\_\_\_\_

**Please note:** Refund checks are mailed to your currently registered unit Committee Chair as denoted above.

**We are requesting a refund for the following Scout(s) or Adult(s) for the following reason(s)**

<u>NAME OF SCOUT or ADULT</u>	<u>REASON FOR REFUND (BE SPECIFIC PLEASE)</u>

**FOR OFFICE USE ONLY:**

Received by \_\_\_\_\_ Date: \_\_\_\_\_

Refund Amount Approved \$ \_\_\_\_\_ Refund Denied \$ \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Position \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_