

Refund Request Form – Camp and Outdoor Program

NO REFUNDS WILL BE CONSIDERED UNLESS THIS FORM IS COMPLETED AND RECEIVED AT THE JET POTTER SCOUT SERVICE CENTER 10 DAYS BEFORE UNIT'S FIRST DAY IN CAMP.

Scout(s) Name _____

Unit Type (choose one) Pack or Troop

Unit Number _____

Choose one program: Day Camp Family Camping at Cubworld Scouts BSA

Registration/Order Number if known: _____

Fees Paid \$ _____ Amount of refund requested \$ _____

Reason for Refund Request (be specific) _____

Please provide the following information to receive your refund:

Unit Leader/Parent Name:					
Unit Leader/Parent Address:					
City:		State:		Zip:	

I understand this request will be reviewed and, if approved, payment will be made to the person named above or the pack/troop leader as appropriate.

Signature _____ Date _____

Do Not Write Below This Line

FOR OFFICE USE ONLY

Reviewed by _____ Date _____

Amount of refund granted \$ _____

If no money granted, why? _____

Date check request submitted: _____ Submitted by: _____