

Summer Camp Refund Request Form

A Summer Camp Refund Request Form must be completed for each individual requesting a refund. The form must be submitted to: Laurel Highlands Council, BSA Attn: Camping Department 1275 Bedford Avenue, Pittsburgh PA 15219.

All approved refunds are paid by check to the unit contact in the online registration system.

If Refund Request is:

- Submitted from **April 2 to June 1**
 - Camp Independence: forfeit **\$30**, balance of fees refunded
 - Camp Seph Mack, Camp Liberty, and Camp Freedom: forfeit **\$50**, balance of fees refunded
 - Eagle Base: forfeit **\$50**, balance of fees refunded
- Submitted after **June 1**
 - Medical or School Reasons:
 - Submitted with note from doctor or school within **30** days of camp week
 - Missed five or six days: forfeit **25%** of camp fee, balance of fees refunded
 - Missed three or four days: forfeit **50%** of camp fee, balance of fees refunded
 - Missed one or two days: forfeit **75%** of camp fee, balance of fees refunded
 - Refund request submitted more than **30** days after camp week or without note from doctor or school
 - **No Refund**
 - All Other Reasons:
 - Request submitted **30** days prior to camp:
 - Forfeit **35%** of camp fee, balance of fees refunded
 - Request submitted less than **30** days prior to camp week :
 - **No Refund**

Explanation of Request: _____

The Scout's parent or guardian or unit leader must complete this form.

Scout's name: _____ Unit # _____

Contact Name: _____ Phone: _____ E-mail: _____

Camp Dates: _____ Camp: _____ Amount Paid: _____

I understand this refund request will be reviewed and if approved, payment will be issued to the unit contact in the Online Registration System. Please allow 6-8 weeks.

Parent/Guardian Signature _____ Date: _____

Unit Leader Signature _____ Date: _____