

## Camp Refund Request Form

Refund requests must be submitted to the Lincoln Heritage Council Service Center (12001 Sycamore Station Place, Louisville KY 40299) at least 7 Business days 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. Many expenses occur six weeks prior to the start of camp so the Lincoln Heritage Council reserves the right to withhold an administration/program fee for any refund given.

Person's Name: \_\_\_\_\_  Scout (Youth)  Adult/Scouter  Fee Paid \$ \_\_\_\_\_

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

Camp:  Cub Scout Day Camp  Cub Summer Camp (Cub/Webelos Camp)  Boy Scout Resident Camp

Refund Requested \$ \_\_\_\_\_ Reason for refund request: \_\_\_\_\_

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

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

Mail Check to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

I understand this refund request will be reviewed and if approved payment will be refunded at the end of the camping season. No camp refunds will be approved after August 12th.

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

(For Office use only.)

Date request received: \_\_\_\_\_ Account # 1-6701-\_\_\_\_\_-\_\_\_\_\_

Council Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Denied  Not acceptable reason  Did not meet time deadline  No funds available  Other \_\_\_\_\_