2017 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 $__________
Troop #__________ District: ________________________ Council: _____________________ Camp Week #: _______
Camp: □ Camp Crooked Creek □ Camp Roy C. Manchester
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  □ Unit not fully paid □ Other ________

Updated 11/4/15