

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 _____