

ACTIVITIES REFUND REQUEST FORM

SEQUOYAH COUNCIL REFUND POLICY

The following policy statement is applicable to all **Council** and **District** events where a fee is collected. This includes such events as Cub Scout Day Camps, Webelos Resident Camp, Summer Camp, training courses, camporees, etc.

1. Written refund requests will be considered only if received in the council office ten (10) days prior to the start of the activity.
2. Written refund requests submitted after the event will be considered only for personal illness or family emergencies. No refund requests will be accepted after ten (10) days following the close of the activity.
3. A service charge of twenty-five percent (25%) of the full activity fee will be assessed on all refunds.
4. Refund checks will be issued within thirty (30) days following the close of activity.
5. Fees are only transferable within the same activity to a Scout not currently registered for the event.

THIS FORM MUST BE RECEIVED AT THE SEQUOYAH COUNCIL SERVICE CENTER AT LEAST 10 DAYS BEFORE THE ACTIVITY.

Name _____

Unit # _____ Activity _____ Fees Paid \$ _____

Reason for Refund Request _____

I understand this request will be reviewed and, if approved, payment will be made to unit leader of record or person requesting the refund.

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Do Not Write Below This Line

FOR OFFICE USE ONLY

Amount of Refund \$ _____

Approved by _____ Date _____