



BOY SCOUTS OF AMERICA

TWIN RIVERS COUNCIL, INC.

253 Washington Avenue Ext.

Albany, New York 12205-5553

(518) 869-6436 1-800-734-2721 FAX: (518) 869-6439

Request for Refund of Summer Camp Registration

Months before camp opens, we do extensive planning, pre-camp purchasing, and staff contractual agreements, among other things. Due to these types of commitments, it is not practical to give full refunds. All refunds will be assessed a minimum \$50.00 charge for fixed costs and administrative fees already incurred. Refunds will be considered for the following cases only (no exceptions):

1. **Summer School-** *Documentation from school must be provided with the request in writing, and must be submitted before but no later than July 1st.*
2. **Medical-** *Documentation from a Physician must be provided with the request and must be submitted at least one week prior to the Scout's scheduled arrival at camp.*
3. **Death in Immediate Family**

Non qualifying requests include but are not limited to: sports, vacation, family functions, homesickness, failure to show, scout changes their mind, travel events, no longer in scouting, removal from camp, etc.

- *Proof of Payment must accompany this form.*
- All checks are process and sent after September 15th.
- Request for Refunds after the scheduled session will not be considered.

Scout Name: _____ Troop/Pack # _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Parent's Name(s) _____

Camp Attending and Dates: _____

Reason for Refund:

Amount Paid for Camp: \$ _____ Amount Requesting: \$ _____

Signatures: _____

Person Requesting Refund

Unit Leader Signature

Date Requested: _____

Mail to:

Twin Rivers Council, BSA
253 Washington Avenue Ext.
Albany, New York 12205

Office Use Only

Date Received: _____
Registration and Payment Verified: _____
Approved by Camp Director: _____
Check/Notice of Decline sent: _____