



BOY SCOUTS
OF AMERICA

MISSISSIPPI VALLEY COUNCIL

Summer Camp Refund Request Form

Council Refund Policy:

In all programs offered by the Mississippi Valley Council, BSA, a great deal of planning and purchasing takes place well in advance. These plans include, but are not limited to, staff, food, program materials, patches and awards, rental and purchase of equipment, and in some cases, items of clothing such as T-shirts that are given as part of a program fee. When an individual or group makes a reservation for an activity or program, these items are included in ordering of materials and staffing for that event.

Summer Camp Refunds:

Individuals that cancel their reservation by June 1, 2024 will receive a refund of fees paid, *less an administrative charge*. Administrative Charges are based upon the date the refund request was received. Requests received by June 1st will have a 15% administrative charge. Requests received after June 1st will have a 25% administrative charge. No refunds will be made after June 1, 2024 unless there is a medical or other emergency that prohibited a participant from attending.

If there was a medical or other emergency after June 1st, a refund request form should be sent to Mississippi Valley Council. The request is due to the service center before August 1, 2024. Please be specific and include additional documents if needed (doctor's note, etc.) Refunds will not be granted for schedule conflicts (vacations, sports, etc.), dropping out, no-shows, weather conditions, or behavior issues.

All refunds are first considered by the volunteer committee chairman and professional staff advisor providing leadership to the event. Decisions may be appealed to the Treasurer of the Council. Refunds received after June 1st will be considered at the conclusion of Summer Camp.

Participant Name: _____ Unit Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Refund requested for: (Circle)

Cub Scout Camp

Webelos Camp

Scouts BSA

Total Amount Paid: \$ _____

Specific reason(s) for refund request: (attach additional sheet if needed)

Parent/Guardian Signature: _____ Date: _____

Unit Leader Signature: _____ Date: _____

Return this form to:

Quincy Service Center
2522 Locust Street
Quincy, IL 62301

Burlington Service Center
3007 Flint Hills Drive
Burlington, IA 52601