

# DENVER AREA COUNCIL REFUND REQUEST FORM

The \$50.00 per Scout deposit is non-refundable at any time but may be applied to other troop members as long as the unit's total registration count does not go down. If a cancellation is made prior to May 16<sup>th</sup> – Participants will receive a full refund less a \$50.00 non-refundable deposit. After May 16<sup>th</sup> – No fees will be refunded. If a physician provides a letter stating that the participant cannot attend for medical reasons, or the unit leader provides a note stating that there was a death in the immediate family, participants will receive a full refund less the \$50.00 non-refundable deposit.

If a Scout becomes ill or is injured while attending camp and is sent home by order of the camp medical director, prior to Wednesday, the Scout will be entitled to a 50% refund. If the Scout is sent home after Wednesday, there will be no refunds. Scouts, who leave camp for behavior issues or by their own choice or for other reasons, will not be granted a refund. All refunds should be requested in writing by the unit's Scoutmaster or committee chairperson.

**All cancellations must be made directly to the Scout Service Center in writing or by calling the Camping Department 720-266-2111 and then confirmed in writing, email or fax. Please allow 60 days from request date to receive your refund.**

All request refunds of Summer Programs must be submitted by **August 31, 2018** for consideration.

Requesting a refund for: (Please select one)

\_\_\_\_\_ Cris Dobbins      \_\_\_\_\_ Camp Dietler      \_\_\_\_\_ Alpine Adventures      \_\_\_\_\_ Tahosa EaglePoint  
\_\_\_\_\_ Tahosa Trek      Other \_\_\_\_\_

Camp Session # \_\_\_\_\_ Session Date: \_\_\_\_\_

Troop, Team or Crew Number: \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

Refund Requested By: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**REFUND AMOUNT REQUESTED \$** \_\_\_\_\_

**REASON FOR REFUND AND NAME(S) OF SCOUT OR ADULT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please process this request in the following:

Credit our Denver Area Council Unit Account       Issue a check, made payable to: Troop/Team/Crew (Circle One) \_\_\_\_\_

Mail To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Leader/Committee Chair Approval: _____	Date: _____
Camping Director Approval: _____	Date: _____
Refund Request Received    Date: _____	By: _____
Refund Request Issued      Date: _____	Amount \$ _____      Check Request No. _____