

BUCKEYE COUNCIL REFUND REQUEST FORM**CAMP AND ACTIVITY REFUND POLICY**

All activities offered by Buckeye Council require significant planning and purchasing of materials well in advance. These include, but are not limited to, staffing, food, program materials, patches, awards, facility rental, equipment, and clothing such as T-shirts that are may be part of the program fee. Expenses related to that event are incurred upon reservation. **Therefore, any non-refundable deposits as stated on the Reservation Information will be deducted from the refund.** Per council policy, all events close at year end and money can only be moved forward as a reservation for the next year. No refund will be considered the day of the event/activity.

| 30+ days prior | | <30 but >8 days prior | | <8 days prior | |
|----------------|--|-----------------------|--|---------------|--|
| 100% | After non-refundable deposit is subtracted | 50% | After non-refundable deposit is subtracted | 25% | After non-refundable deposit is subtracted |

All refunds will be issued to the unit and sent to the troop or pack.

All cancellations must be made directly to the Scout Service Center (Canton) in writing (email) or by calling (330) 580-4272.

Requesting a refund for: (Please select one)

Cub Scout Summer Camp Scouts BSA Summer Camp Other Camp/Activity: _____

Refund Requested By: _____ Unit Position _____

Camper Name: _____

Pack or Troop No. _____ District _____ Council _____

Camp Session # _____ Session Starting Date: _____, 20____ Phone No. _____

Email _____@_____

OTHER REFUND

Requesting a refund for: _____

Refund Requested By: _____ Unit Position _____

REFUND AMOUNT REQUESTED \$ _____

Reason for refund: _____

Credit our Buckeye Council revolving account (UDA)

Move money to unit contingent account for summer camp. (prior to camp only)

Issue a check made payable to: Pack _____ Troop _____

Mail To: _____

Street Address _____

City _____ State _____ Zip _____

Please allow 60 days from request date to receive your refund.

Signature _____ Date _____, 20____

Support Staff Member

Approved By: _____

For \$ _____ Date _____

Account # _____

Staff Advisor - Professional

Approved By: _____

For \$ _____ Date _____

Accounting Department

Vendor #: _____

Account # _____

Date entered _____