

BUCKEYE COUNCIL REFUND REQUEST FORM

COUNCIL REFUND POLICY

#6

All activities offered by Buckeye Council require significant planning and purchasing of materials well in advance. These plans include, but are not limited to: staffing, food, program materials, patches, awards, facility rental, equipment, and in some cases, clothing such as T-shirts that are provided as part of the program fee. When an individual or unit makes a reservation, the expenses related to that event are incurred to support that reservation. Therefore any non-refundable deposits as stated on the Reservation Forms will be deducted from the refund.

- Reservations canceled at least 30 days prior to the first day of an event will receive a 100% refund.
- Cancellations within the 30 days will receive a 50% refund less any non-refundable deposits.
- Cancellations within 7 days, but still prior to the first day, will receive a 25% refund less any non-refundable deposits.
- No refunds will be made for cancellations made the day of an event.
- 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 in writing or by calling (330) 580-4272 or toll-free (800) 589-9812 and then confirmed in writing, e-mail or fax. National Events, such as the Jamboree and High Adventure ARE NOT SUBJECT TO THIS POLICY.

All request refunds of Summer Programs must be submitted by September 15th for consideration.

Requesting a refund for: (Please select one)

Cub Day Camp _____ Webelos _____ Summer Camp _____ Other _____

Refund Requested By: _____ Position _____

Pack or Troop No. _____ District _____ Council _____

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

Email _____ @ _____

REFUND AMOUNT REQUESTED \$ _____

PLEASE STATE PURPOSE AND NAME(S) OF SCOUT OR ADULT

PLEASE PROCESS THIS REQUEST IN THE FOLLOWING MANNER:

- Credit our Buckeye Council unit's revolving account
- Issue a check made payable to: Pack / Troop No: (circle choice) _____

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 _____

Staff Advisor - Professional

Approved By: _____

For \$ _____ Date _____