

COUNCIL ACTIVITY REFUND REQUEST FORM

REFUND REQUESTS WILL ONLY BE CONSIDERED IF SUBMITTED IN WRITING AND MAILED TO:
Sam Houston Area Council ATTN: Refund Request 2225 North Loop West Houston Texas 77008

Date of Request: _____ Activity Type: _____ (Example: Summer Camp- Winter Camp)

Activity Start Date: _____ Activity End Date: _____ (Start and End Date are required)

Name: (Individual Refund is for) _____ Scout _____ Adult _____

Requesters Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (B) _____

Troop Type & #.: _____ District: _____ Council: _____

Reason for request: (Must Give detailed reason for Refund Request to be considered - If requesting a full refund for Medical Reasons, a Letter from a Doctor is required) :

The following policy statement is applicable to all council and district activities where a fee is collected by the Sam Houston Area Council, Boy Scouts of America.

1. All refund requests will **only** be considered if made in writing using this form and additional letter if needed and will be considered for named participants on registration only. You will not be refunded for extra spots you held which could have prevented another scout from attending this activity or event.
2. Non Refundable Deposits will be deducted from amount of fees paid.
3. A service charge of twenty-five percent (25%) of the activity fee will also be assessed on all refunds to cover the costs incurred in preparation of the activity and processing the refund.
4. Written refund requests submitted after the activity will be considered only for personal illness or family emergencies. No refund requests will be accepted that are POSTMARKED later than ten (10) days after the end of the activity. *If requesting a Full Refund for Medical Reasons, a Doctors Letter Must Accompany this Refund Request Form.*
5. Consideration for a full refund will be considered for special hardship cases only.
6. Refunds by check or cash will be issued to the unit or entity paying the original fee within 30 days after the activity or event pending approval of the refund request. Refunds from Credit Card Payments will be credited back with a Credit Card Credit Only.
7. Camperships or Scholarships are not Refundable or Transferable.
8. If an activity is cancelled or postponed by the Council and the participant cannot participate during the alternate date, the full fee will be refunded.
9. For major activities that require a non-refundable deposit, such as council contingents to the National Jamboree, Philmont and resident camp, a full refund less the non-refundable deposit and any contractual agreements signed at the time of the request and the Council's ability to fill the slot with another participant will be considered individually.

Signature: _____ Print Name: _____ Position: _____

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For Office Use Only

Request Received: _____ Request Approved _____ Request Declined _____ Decision Date _____

Check Request Date _____ Date Check Mailed: _____ Processor: _____