



## 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 before June 1, 2025 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 before June 1st will have a 15% administrative charge. Refunds will only be accepted after June 1, 2025 for medical or other emergencies that prohibit a participant from attending. There could be up to and including 40% administrative charge assessed.

If there was a medical or other emergency after June 1<sup>st</sup>, a refund request form should be sent to Mississippi Valley Council. The request is due to the service center before August 1, 2025. 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 1<sup>st</sup> 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	NYLT
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