



Summer Camp Refund



All refund requests must be submitted to the Scout Service Center, not to camp. Refunds are issued only for medical and/or family emergencies. All decisions regarding refunds are made by the Council Outdoor Program Committee. If approved refund will be issued after September 1. NO REFUNDS WILL BE CONSIDERED THAT ARE RECEIVED AFTER SEPTEMBER 1. Mail to Chippewa Valley Council, 710 S. Hastings Way, Eau Claire, WI 54701 or Fax to 715-832-6711

Name of Scout or Leader refund is being requested for:

Address _____

City _____ State _____ Zip _____

Unit: Pack # _____ Troop # _____ Crew # _____ Refund requested \$ _____

(please indicate unit number-i.e. Troop 1)

Camp session refund is requested for : _____

(date)

Briefly summarize the reason(s) for the refund request:

(Attach additional page if necessary or write on back.)

Unit Leaders Approval _____ Date _____

Parent Signature _____ Date _____

Make Check Payable To _____

Address _____

City _____ State _____ Zip _____

For Office Use Only	
Date Received _____	Payment Verified _____
Approved _____	Rejected _____ Notification Sent _____
Refund Issued _____	Date _____
Outdoor Program Committee Signature _____	