



# Refund Request Form

Allegheny Highlands Council, BSA



- CAMP MERZ  
 ELK LICK SCOUT RESERVE

Scout Name: \_\_\_\_\_ Troop/Pack # \_\_\_\_\_  
(Circle one)

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Parents Name(s)  
\_\_\_\_\_

Camp Week Attended  
\_\_\_\_\_

Reason for Refund (Please attach documentation)  
\_\_\_\_\_  
\_\_\_\_\_

Amount paid for camp \$ \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Unit Leader signature: \_\_\_\_\_ Date \_\_\_\_\_

- All requests will be subject to a **\$25 cancellation fee.**
- All requests must have the **Unit Leader's approval (signature) to verify payments.**
- Requests for refunds received after September 1 will not be considered.
- **Approved refunds will be returned to the unit.**
- **All refund requests must have supporting documentation of cancellation reason.**

**THE ONLY VALID REASON FOR A REFUND ARE AS FOLLOWS:**

1. Illness of Scout prevents his attendance at summer camp (doctor's note required)
2. Illness or death in the camper's immediate family prevents his attendance at camp.(documentation required)
3. Family relocation making attending camp impractical.(documentation required)
4. Mandatory attendance at summer school that is verifiable (Must include documentation)

This form must be RECEIVED by the Council Service Center no later than September 1.  
Allegheny Highlands Council \* PO Box 261 \* 50 Hough Hill Road \* Falconer NY 14733