DENVER AREA COUNCIL
REFUND REQUEST FORM

The $40.00 per Scout deposit is non-refundable at any time, but may be applied to other troop members as long as the unit's total registration count does not go down. If a cancellation is made prior to May 15th – Participants will receive a full refund less a $40.00 non-refundable deposit. After May 15th – No fees will be refunded. If a physician provides a letter stating that the participant cannot attend for medical reasons, or the unit leader provides a note stating that there was a death in the immediate family, participants will receive a full refund less the $40.00 non-refundable deposit.

If a Scout becomes ill or is injured while attending camp, and is sent home by order of the camp medical director, prior to Wednesday, the Scout will be entitled to a 50% refund. If the Scout is sent home after Wednesday, there will be no refunds. Scouts, who leave camp for behavior issues or by their own choice or for other reasons, will not be granted a refund. All refunds should be requested in writing by the unit's Scoutmaster or committee chairperson.

All cancellations must be made directly to the Scout Service Center in writing or by calling the Camping Department 720-266-2111 and then confirmed in writing, email or fax. Please allow 60 days from request date to receive your refund.

All request refunds of Summer Programs must be submitted by September 30, 2014 for consideration.

Requesting a refund for: (Please select one)

_____ Cris Dobbins _____ Camp Dietler _____ Alpine Adventures _____ Tahosa Resident Camp

Camp Session # _____ Session Date: _____

Troop, Team or Crew Number: _____ District _____ Council _____

Refund Requested By: _____ Position: _____

Phone Number: _____ Email: _____

REFUND AMOUNT REQUESTED $ _____

REASON FOR REFUND AND NAME(S) OF SCOUT OR ADULT

_____

_____

_____

Please process this request in the following:

❑ Credit our Denver Area Council Unit Account ❑ Issue a check, made payable to: Troop/Team/Crew (Circle One) _____

Mail To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Unit Leader/Committee Chair Approval: _____ Date: _____

Camping Director Approval: _____ Date: _____

Refund Request Received Date: _____ By: _____

Refund Request Issued Date: _____ Amount $ _____ Check Request No. _____

mar 2/20/14