

PIPSICO SUMMER CAMP REFUND APPLICATION

Refunds requests received prior to May 1st are subject to a 15% service fee and refunds requested between May 1st and June 1st are subject to a 50% service fee. Funds will be returned to the payee/unit via their store account or by check. Refunds will be granted only in the case of documented illness or family emergency. No Refunds can be given if notified after June 1st as pre-paid expenses will already have been incurred. No refunds for partial attendance will be granted. **Reduction** of registration numbers can ONLY be made up to May 1st and is subject to a 15% processing fee.

Events that are canceled by the council shall have all funds reimbursed without any surcharge and participants will not need to complete this form.

Week #1
 Week #3

Week #2
 Week #4

Send completed form to:

Email: camping@pipsicoBSA.com

Unit Type and Number: _____

(Check Here) If you would like the refund in the unit account.

Name of Requestor: _____

Make Check Out To (Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone No: (area code please) _____

Amount Paid: \$ _____

Amount of Refund Requested: \$ _____
(attach copy of receipts if not paid online)

(Check Here) To acknowledge you've read the refund policy and understand the fees that will be deducted.

Reason for Request: _____

Signature of Requester: _____ Date: _____

(The refund will be mailed to the address above-or posted to the unit account within 14 days of Approval.)

For Office use:	Account-Number:
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Event Committee Action:

Request: ___ Accepted ___ Denied Refund Amount \$ _____

Council Approval: _____ Date: _____