



Refund Policy- Summer Resident Camps

This General Refund Policy applies to all Summer Resident Camps of the Shenandoah Area Council, BSA unless otherwise stated.

The Shenandoah Area Council strives to provide the absolute best program. We sign contracts with staff and vendors based upon confirmed reservations. Cancellations after April 15th undermine our ability to provide a quality Summer Resident Camp program.

Refund requests will be considered on a case-by-case basis:

- Prior to April 15th – full refund of funds paid will be issued
- After April 15th – 50% refund of funds paid will be issued in the event of a death of an immediate family member, sickness, injury, or summer school requirement (verification from physician or other official required).
- After April 15th – NO REFUND of funds paid will be issued in the event the participant's reasons include vacation schedule, sports, work or other camps and last-minute changes in desire to attend camp.

Note:

1. Refund requests made more 7 days following the end of the session will NOT be considered.
2. Fees cannot be rolled over to a future event or activity.
3. Refund requests should be submitted in writing by the Unit leader on the official SAC Refund Request Form and submitted to the SAC Armstrong Service Center and can be sent by mail, email, or fax.
4. Refund checks will be issued to the entity paying the original fee within 30-days of receipt of the written request pending its approval.
5. Unit leadership is responsible for conveying the refund policy to the participants and their parents or legal guardians.

COVID-19 UPDATE:

If the Shenandoah Area Council, BSA is unable to host Summer Resident Camp at Rock Enon, in its entirety or a portion thereof a full or pro-rated refund of the funds paid by the participant and Unit will be issued. If a participant is unable or excluded from attending Summer Resident Camp due to a positive COVID-19 test or failing the "Medical Pre-Screening" prior to entry to camp a full refund of the funds paid will be issued pending verification by their physician or other official. If a participant is required to leave Summer Resident Camp early due to a positive COVID-19 test or demonstrating symptoms of COVID-19 a pro-rated refund of the funds paid by the participant will be issued.



**REFUND REQUEST FORM
SUMMER RESIDENT CAMP**

Participant Name/Unit: _____ Scout Adult

Unit Type: Pack Troop Crew Unit #: _____ Council: _____

Summer Resident Camp Program:

<i>Select One</i>	<u>Session Date</u>	
<input type="checkbox"/> Cub Scout Session #1	_____	Total Fees Paid:
<input type="checkbox"/> Cub Scout Session #2	_____	\$ _____
<input type="checkbox"/> Webelos/AOL Session #1	_____	
<input type="checkbox"/> Scouts BSA Session #1	_____	Amount of refund requested:
<input type="checkbox"/> Scouts BSA Session #2	_____	\$ _____
<input type="checkbox"/> Scouts BSA Session #3	_____	
<input type="checkbox"/> Scouts BSA Session #4	_____	
<input type="checkbox"/> Other	_____	

Reason for Refund Request: *(provide supporting documentation if applicable)*

Please provide the following information to receive your refund:

Unit Leader Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone #: _____
Email: _____

I understand this request will be reviewed and, if approved, payment will be made to the unit leader as appropriate.

Signature of unit leader _____ Date: _____

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____
Reviewed by: _____ Signed: _____ Date: _____
Approved YES Full Refund NO Refund PARTIAL Refund **AMOUNT REFUNDED:** _____
If No Refund or Partial Refund is being granted, explain why below:

Date Refund Check Request Submitted for processing: _____ by: _____