



Refund Policy- Events, Activities, Weekend & Off-Season Camp Programs

This General Refund Policy applies to all camps, events, and activities of the Shenandoah Area Council, BSA unless otherwise stated.

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

- A \$5 cancellation fee, per person, will be subtracted from ALL refunds to cover processing costs.
- Fees may be applied to another individual attending the same event, camp or activity if arranged prior to the event.
- Fees cannot be rolled over to a future event or activity.
- All individual refunds are to be requested in writing, and can be sent by mail, email, or fax. Refund requests made more than 7 days after an event will NOT be considered.
- Refunds requested due to medical reasons and other unforeseen circumstances will be reviewed on an individual basis and may require additional documentation.
- When the request is received in relation to the start of the event, camp, or activity there will be a determination as to the amount of the refund.

Pro-Rated Refund Schedule:

- 30 days or more – Full Refund, less \$5 cancellation fee.
- 15-29 days – 75% Refund, less \$5 cancellation fee.
- 8-14 days – 50% Refund, less \$5 cancellation fee.
- 4-7 days – 25% Refund, less \$5 cancellation fee.
- 72 hours or less – NO REFUND

COVID-19 UPDATE:

If the Shenandoah Area Council, BSA is unable to host an event, activity, weekend or off-season camp program 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 participating 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 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: _____ Scout Adult Other

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

Program: _____ Date: _____

Total Fees Paid: \$ _____ Amount of refund requested: \$ _____

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

Please provide the following information to receive your refund:

Name of person to receive refund: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

I understand this request will be reviewed and, if approved, payment will be made to the person named above.

Signature: _____ Date: _____

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Date Received: _____

Reviewed by: _____ Signature: _____ 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: _____