

2016 REQUEST FOR CAMP REFUND

SFBAC Refund Policy Effective September 4, 2012

A great deal of advance planning and advance purchasing takes place for all programs and events of the San Francisco Bay Area Council during the months and weeks prior to an event, (facility rentals, supplies, staff hiring, food contracting, and program material acquisition.)

1. Refunds requested two weeks (14 days) prior to an event/camp may receive up to an 80% refund. One week prior (7 days) to your event/camp receive a 60% refund. No refunds will be given if requested within seven (7) days of the event/camp. (except illness) No requests accepted after September 1st.
2. Refunds will be considered based on the following criteria: serious illness or injury (a doctors certification required) or death in immediate family. Refunds are not given for no-shows, conflict of schedule (such as sports events, out of country trips), weather conditions, or behavior issues occurring before or during the event/camp.
3. Refunds will be returned to the person(s) or entity from which the funds were received.

****THIS REFUND REQUEST IS AN UN-AUDITED REQUEST. AUDITING WILL BE DONE AFTER YOUR WEEK AT CAMP IN THE CAMPING DEPARTMENT AT THE COUNCIL OFFICE. IF ALL FACTORS HAVE NOT BEEN TAKEN INTO ACCOUNT THIS REQUEST AMOUNT IS SUBJECT TO CHANGE.**

CAMP: [] ROYANEH [] WENTE DATES: _____ Session # _____

Unit # _____ District _____ Council (if not SFBAC) _____

REASON FOR REQUESTING THIS REFUND: OVERPAYMENT OF CAMP FEES CANCELLATION(s)
 OTHER: _____

Make check payable:
 Troop _____ Dist/Cncl _____
 Name _____
 Address _____
 City _____
 State _____ Zip _____

_____ Scouts requesting refund due to cancellation
 \$ _____ Amount requested due to overpayment

I have read the refund policy above and understand it: *If this refund is approved, refund check will be sent to the person listed as your unit contact person (per your troop fee summary).*

ABSOLUTELY NO ROLLOVERS
2016 Stake-A-Claim Fees MUST be paid separately by cash, check or credit card. NO EXCEPTIONS!

Signed (Unit Leader in Camp) _____ Date _____

Printed Name: _____

Submit this form by mail to 1001 Davis Street San Leandro CA, 94577 or by fax to 510-577-9002

Office use only, do not write below this line.

<input type="checkbox"/> WENTE refund \$ Account No. 464	<input type="checkbox"/> ROYANEH refund \$ Account No. 461	<input type="checkbox"/> OTHER refund \$ Account No:
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CHECK ISSUANCE AUTHORIZED BY: _____ Approved _____ Date _____