

## **COUNCIL SERVICE FEE** MAX FAMILY CAP REIMBURSEMENT REQUEST FORM

To continue to keep Scouting an affordable option for every family, the Black Swamp Area Council has placed a maximum cap on the total amount of *Council Service Fees* collected from ONE Scouting family household. Please complete the information below if the total cost of your combined service fees are greater than **\$100**; you will be reimbursed the difference.

List of Family Members & Individual Service Fees Paid						
First Name:	Last Name:					
Unit Type:  PACK  TROOP  CREW	Unit Number:	Service Fee Amount Paid: \$				
First Name:	Last Name:					
Unit Type:  PACK  TROOP  CREW	Unit Number:	Service Fee Amount Paid: \$				
First Name:	Last Name:					
Unit Type: _ PACK _ TROOP _ CREW		Service Fee Amount Paid: \$				
First Name:	Last Name:					
Unit Type:  PACK  TROOP  CREW	Unit Number:	Service Fee Amount Paid: \$				

<b>Reimbursement Information</b>			Summary of Fees & Amount Due to Family		
Parent/Guardian Name:			Sum of ALL Service		
Address:		Fees Paid:		\$	
City:	State:	Zip:	Subtract	t Max Family Cap:	- \$100.00
Parent/Guardian F	Phone No:				
Parent/Guardian Email:		Total Due for Refund: \$			
Funds will be returned t	o payer. If unit pays registra unit account.	ation, refund will be deposited on			
For more information Black Swamp Area Council 2100 Broad Ave, Findlay, © 419-422-435		Service Center , OH 45840	ervice Center OH 45840 Amount of Reimbursement Approved: Staff Member Approval: Scout Executive Approval:		
		<b>V</b> 419-422-4356			

Reimbursement from Account # 1-6931-085-90