Request a Refund Form

Unit:	Council:		
	 :act:		
	ress:		
			Zip Code:
Best Conta	ct Number(s):		
arrives in camp. refundable. Request rec Request rec Request rec Requests re Requests fo Requests for Refunds are check will b All refunds in Verified in writin	The refund request policy is eived 30 days prior to week eived 10-29 days prior to we eived under 9 days prior to, ceived for "no-shows", changer refunds for Scouts departing refund involving unexpected not given at camp. Once we mailed to the individual or must be submitted to the Blathis policy is the event of an ang by the parents/guardian a	of camp — Up to 75% of the eek of camp — Up to 50% of during, or after camp — 0% ge of mind, and lack of leading camp early for any reasod sickness, or school purposerified, they are processed fentity paying the original fack Swamp Area Council off a illness or injury, which keep and a physician. Other extensideration on a case-by-cast	the activity fee plus. of the activity fee. dership will not be honored. n will not be honored. ses, will be honored. from the Council service center. A see. fice no later than August 31. sps a Scout from arriving at camp, nuating circumstances, such as a death se basis. All but \$75.00 will be refunded
Amount of	Refund Requested:		
Reason for	refund request (be	specific). Continu	e on back if necessary.

Black Swamp Area Council Attn: Refund Committee 2100 Broad Avenue Findlay, OH 45840