



Request for Refund

W. D. Boyce Council, B. S. A.

The following policy statement is applicable to all Council and District events where a fee is collected. This includes such events as Cub Scout Day Camps, Webelos & Cub Resident Camps, Summer Camp, training courses, camporees, etc.

1. The W. D. Boyce Council Refund Policy is intended to provide maximum flexibility to Scouts and Scouters while protecting the council's pre-paid program expenses based on registration numbers.
2. A transfer of fees, without penalty, to another Scout or Scouter attending the same program may be requested. Refund requests are subject to a 15% service charge to cover processing fees. Refunds to Scout units will be made to the unit's custodial account at the Council for use towards future Scouting expenses. All requests must be received in writing to the Council Service Center prior to the start of the program.
3. If an emergency occurs, beyond your control, write or call the Peoria Scout Service Center immediately at 309-673-6136. All emergencies will be considered on an individual basis and be given the highest consideration when appropriate documentation is provided.
4. Refund requests will be reviewed by the volunteer program committee after the program has occurred and are subject to the 15% service charge. All program fees collected on-site are non-refundable. In cases where a deposit is held for the program, the deposit will not be refunded
5. Refund checks will be issued within forty-five (45) days following the close of activity.
6. All requests must have the **Unit Leader and Committee Chair's approval (signature)**.
7. **If a written request is received more than 10 days after conclusion of event, or if verbal notification is not received prior to start of event, your request is subject to additional refund deductions.**

Participant Name: _____ Troop/Pack# _____ District: _____

Address: _____ City _____

State: _____ Zip _____ Phone _____ Email _____

Name of Individual Requesting Refund: _____ Email _____

Camp/Event Attending and Dates _____

Reason for Refund *(use back or attachment for additional comments)* _____

Amount paid for event \$ _____ Amount of refund requested \$ _____

Cubmaster/Scoutmaster/Advisor signature: _____ Date _____ Email _____

Committee Chair signature: _____ Date _____ Email _____

Return Form to: W. D. Boyce Council
614 NE Madison Ave
Peoria, IL 61603

For Office Use Only	January 2010 Edition
Amount of Refund \$ _____	Comments: _____
Committee Approval _____	Date _____
Council Approval _____	Date _____