



District / Council Activity Refund Request

All refund requests must be submitted [on this form] to the Council Service Center within two weeks of the event from which you are requesting a refund. **Refunds are issued only for medical and/or family emergencies.** All decisions regarding refunds are made by the appropriate District / Council program committee. If an event is cancelled, refunds will be issued automatically. If approved, a refund will be issued within 45 days of the event.

Scout's Name _____

Street Address _____

City / State / Zip _____

Circle One: Cub Scout Boy Scout Venturer Explorer Unit No. _____ Refund Requested \$ _____

Event for which refund is requested _____

Date(s) Event Held _____

Summarize the reason(s) for the refund request — be specific:

Parent's Signature _____ Date _____

Unit Leader's Approval _____ Date _____

For Office Use Only	
Date Received _____	Payment Verified _____
Circle One: Approved Rejected	Date Notification Sent _____
Authorizing Signature _____	Date _____