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 doctor's 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.***

Program Name: _____ Location: [ ] ROYANEH [ ] WENTE Dates: _____ Session #_____

Unit #_____ District _____Council **(if not SFBAC)** _____

Reason for refund request: ❑ **Overpayment of Camp Fees (6701)**   ❑ **Cancellation(s) (6748)**

❑ **Describe Reason for Request:** _____

_____

_____

Make check payable:

Troop_____ Dist/Cncl _____

Name_____

Address_____

City_____

State_____Zip_____

$_____ Amount requested due to overpayment or refund

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 <u>NO ROLLOVERS</u> All 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.

❑ 1-6701- XXX -21   ❑ 1-6748- XXX -21

❑ Royaneh $	❑ Wente $	❑ Other $
Account No. 461	Account No. 464	Account No:

CHECK ISSUANCE AUTHORIZED BY:_____Approved_____Date_____