## Blue Ridge Mountains Council Refund Policy and Request Form

The Blue Ridge Mountains 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. <u>Once a registration has been paid, the Council will incur expense</u> related to the program supplies and food costs, not all fees paid are refundable.

- Refund requests will only be considered if the form below is submitted by email to Bethany.Brownfield@scouting.org or by mail to Blue Ridge Mountains Council, Boy Scouts of America PO Box 7606 Roanoke, VA 24019
- 2. A transfer of fees, without penalty, to another Scout or Scouter attending the same program and not already registered may be requested. <u>All requests must be received in writing to the Council Service Center prior to the start of the program.</u>
- 3. All refund requests will be reviewed by the Council Camping Committee. Scouts or adults unable to attend an event/activity due to an accident, illness or death in the immediate family, or family relocation related issue will be considered but not guaranteed when verified by a physician, military commander or such official. Examples of circumstances NOT qualifying are; conflicts between camp and activities like sports, vacations, summer school, or deciding not to attend. Refunds for a camper leaving camp after the session has begun will not be considered.
- 4. In cases where a deposit is held for the program, the deposit will not be refunded.
- 5. Approved refunds will be processed within forty-five days following the close of the event/activity and made by check to the original payer for individual registrations or to the unit, in care of the unit contact, for group reservations upon conclusion of event/activity. Summer Camp and Adventure Camps refunds will be issued in Mid-September.
- 6. If an event/activity is canceled or postponed and the participant cannot attend on the alternate date, the full fee will be refunded. All Deposits will allow for a full refund (up until the arrival at camp) due to COVID-19.
- All requests must have the Unit Leader's approval (signature).
  A 25% support service fee is deducted from the refund amount if this written request is received 30 or more days prior to the event/ activity. A 50% support service fee is deducted from the refund amount if this written request is received between 7 and 29 days prior to the event/activity. Refund requests received less than 7 days prior to the event/activity are NOT available for refund. Refund requests received after event/activity, or for "no shows" <u>WILL</u> NOT be honored.

| Please initial that you have read the policy |  | Please | initial | that | you | have | read | the | polic | v |
|--|--|--------|---------|------|-----|------|------|-----|-------|---|
|--|--|--------|---------|------|-----|------|------|-----|-------|---|

Refunds will not be considered without initials.

| Participant Name:  |                 | Pa                  | ick/Troop/Crew #              | District/Council:                 |  |  |  |  |  |  |  |  |  |
|--|-----------------|---------------------|-------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|
| Name of individual the check is to be made payable to:                       |                 |                     |                               |                                   |  |  |  |  |  |  |  |  |  |
| Address for mailing refund check:  |                 |                     |                               |                                   |  |  |  |  |  |  |  |  |  |
| City:  | State:          | Zip:                | Phone:                        |                                   |  |  |  |  |  |  |  |  |  |
| Name of individual requesting re   | fund:           |                     |                               |                                   |  |  |  |  |  |  |  |  |  |
| Name of event/activity:  |                 |                     | Date of eve                   | nt/activity:                      |  |  |  |  |  |  |  |  |  |
| Detailed Reason for refund: (use back or attachment for additional comments) |                 |                     |                               |                                   |  |  |  |  |  |  |  |  |  |
| Amount paid for event \$   |                 | Amount of ref       | Amount of refund requested \$ |                                   |  |  |  |  |  |  |  |  |  |
| Cubmaster/Scoutmaster/Advisor  | signature       |                     |                               | Date                              |  |  |  |  |  |  |  |  |  |
| Email  |                 |                     |                               |                                   |  |  |  |  |  |  |  |  |  |
| Must attach the ver  | rifying informa | tion from physician | , military commander o        | r such official to be considered! |  |  |  |  |  |  |  |  |  |
| For Office Use Only  |                 |                     | Date Recei                    | ved in Council Office             |  |  |  |  |  |  |  |  |  |
| Amount of Approved Refund \$   |                 | Comments            |                               |                                   |  |  |  |  |  |  |  |  |  |
| Committee Approval   |                 |                     | Date                          |                                   |  |  |  |  |  |  |  |  |  |
| Council Approval   |                 |                     | Date                          |                                   |  |  |  |  |  |  |  |  |  |