

Refund Request Form

Please see the Council Refund Policy for more information. Submit this form by mail to the Scout Service Center: Western Colorado Council at 839 Grand Avenue, Grand Junction, CO 81501 or by e-mail to eleanor.anderson@scouting.org.

Participant's Name _____ Unit # _____ Week/Session # _____

Fees Paid: \$ _____ Amount of Refund Requested: \$ _____

Reason for Refund Request (be specific):

Name of Scoutmaster/Committee Chair: _____

Address: _____

City/State: _____

ZIP: _____

Phone: _____

I understand this request will be reviewed and, if approved, payment will be made to the person named above or the pack/troop leader as appropriate.

Signature _____ Date _____

REMINDER: REFUNDS WILL NOT INCLUDE THE \$50.00/PARTICIPANT NON-REFUNDABLE DEPOSIT.

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Reviewed by _____ Date _____

Amount of refund granted \$ _____

If no money granted, why? _____

Date check request submitted: _____ Submitted by: _____