

CAMP AND ACTIVITY REFUND APPLICATION
(ATTACHMENT B)

Refunds are only allowed based on medical situations, very unusual circumstances, and the circumstances must be documented (in most cases it must be through situations that are beyond the control of the participant). **All approved refunds will be assessed a minimum of a 15% administrative charge.** However, the Council reserves the right to charge to the person requesting the refund any fixed costs paid on behalf of that participant. **No refunds will be remitted if the funds are applied for after 30 days past the date of the event.** No refunds will be granted when it is determined that the amount is \$3 or less because it costs more to record it, make journal entries, write the check and then mail it. The individual or parent/guardian must apply for the refund.

Please Print:

Refund for: Event or Activity Name and date of: _____

District: _____

Refund for: Name _____ Make check out to: Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: area code please _____

Amount Paid \$ _____ for Tidewater Council Events Only

_____ I understand that 15% will be deducted from the total amount paid.

Amount of refund requested: \$ _____ (attach receipts where applicable)

Reason for Request _____

Signature of Requester _____ Date: _____

_____ Please place refund in the unit account-Unit # _____ and Type _____

The refund will be mailed to the address above-or posted to the unit account.

For Office use: Account Number: _____

Event Committee Action: Request is _____ Accepted _____ Denied

Refund Amount \$ _____ Signed for Event: _____ Date: _____

Council Approval Signed: _____ Date: _____