

# Summer Camp Refund Request Form

Unit # \_\_\_\_\_ Unit Type:  PACK  TROOP  CREW District: \_\_\_\_\_

Council: \_\_\_\_\_ Camp Arrival Date: \_\_\_\_\_

Camp Attending:  Camp Buck Run  Camp Conestoga

*(Any required deposits shall be non-refundable)*

Please Complete one form per camper requesting a refund:

Camper Name: \_\_\_\_\_ Unit Name: \_\_\_\_\_  
*(example: Troop 1234)*

UNIT CONTACT PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Campership Awarded: \$ \_\_\_\_\_

Signature (Unit Leader): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

SEND FORMS TO:

Camp Staff Advisor/Camp Director  
Westmoreland Fayette Council  
2 Garden Center Drive  
Greensburg, PA 15601

For Office Use Only:

Request Received: \_\_\_\_\_ Request Processed: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_