

Clinton Valley Council  
Program Refund Request Form

**The leader must submit this request to the Clinton Valley Service Center no later than three weeks prior to the activity to receive a full refund less an administration fee of \$15.** At the discretion of the Council Program Director, extenuating circumstances (such as a death in the family, relocation, illness with a physician's note, family or school circumstance or hospitalization) may be the exception. If the request is received less than three weeks prior to your beginning scheduled camp date, there will be no refund. Refunds for Summer Camp, Mom and Me, Cub Parent, Webelos Camp and Day Camp will be processed no later than September 30 of the current year.

Transferring fees from one person to another, for the same camp activity, is permissible. The Clinton Valley Council should be notified in writing of all transfers prior to event. Any operation canceled by the council will be refunded in full without penalty or need for application. Postponed operation due to weather or other unforeseen circumstances will be refunded in full should the participant be unable to attend the make-up date.

**\*\*Deposits are non-refundable**

Adult / Scout's Name \_\_\_\_\_  
Pack Troop Crew Post (circle one) Unit Number \_\_\_\_\_  
Council \_\_\_\_\_ District \_\_\_\_\_

Event Information:

Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Confirmation Number: \_\_\_\_\_

(for online registration only)

For Camp or Event Paid by the Unit

Coordinator's Name: \_\_\_\_\_  
Coordinator's Phone Number: \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Upon verification of payment a check will be issued to the corresponding person.

I understand this refund request will be reviewed and if approved, will be issued as follows:

Refund to:

(Circle one) Pack Troop On Unit Account Participant

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature & Date

Scoutmaster/Cubmaster Signature & Date

\_\_\_\_\_  
(Required for camp or Scout training programs only)

Submit to:

Clinton Valley Council  
1100 County Center Dr. W., Waterford, MI 48328