

# Refund Policy of the Voyageurs Area Council, BSA

The unit leader must submit this request form to the Voyageurs Area Council Service Center. Please read the following procedures carefully.

- ✦ This Refund Policy applies to all camps, events and activities of the Voyageurs Area Council, BSA unless otherwise stated.
- ✦ All individual refunds are to be requested in writing and can be sent by mail, email or fax.
- ✦ Fees may be applied to another individual attending the same event, camp or activity if arranged with approval of the council ahead of time.
- ✦ Fees cannot be rolled-over to a camp, event or activity to occur at a later time.
- ✦ Extenuating circumstances (i.e. relocation, illness with physician's note) may be the exception and is at the discretion of the council.
- ✦ Any event, camp or activity canceled by the council will be refunded in full without penalty or need for application.
- ✦ Postponed events, camps or activities to weather or other unforeseen circumstances will be refunded in full only if the participant would be unable to attend the make-up date, at the discretion of the council.
- ✦ A cancellation fee of 15% of the camp, event or activity registration will be subtracted from all refunds to cover bank fees and processing costs.
- ✦ The date of the request, in relation to the start of the event, camp or activity, will determine the amount of the refund.
  - 21 days or more – Full Refund, less 15% cancellation fee.
  - 11 –20 days – 50% refund, less 15% cancellation fee.
  - 10 days or less – No Refunds.

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

Adult / Scout's Name \_\_\_\_\_

Pack Troop Crew Post Group (circle one) Unit Number \_\_\_\_\_ District \_\_\_\_\_

Event/Activity/Camp Information:

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

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) Individual or Pack Troop Crew Post Group # \_\_\_\_\_

Check Request to:  On Unit Account  Participant

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

Parent/Guardian Signature & Date \_\_\_\_\_  
Unit Leader Signature & Date \_\_\_\_\_

(Required for camp or Youth training programs only)

Submit to: Voyageurs Area Council, 3877 Stebner Road, Hermantown, MN 55811  
Fax: (218) 729-5811 email: dhickok@vac-bsa.org