

### ACTIVITY AND TRAINING REFUND REQUEST FORM

All refund requests must be made within 30 days following the event

**NOTE:** IT MAY BE AT LEAST 30 DAYS AFTER THIS FORM IS SUBMITTED BEFORE REFUND IS APPROVED AND MAILED.

Participants Name \_\_\_\_\_ Unit # \_\_\_\_\_ District \_\_\_\_\_

Name of Session or Activity \_\_\_\_\_ Date \_\_\_\_\_ Amount of Refund Requested \$ \_\_\_\_\_

(Unless otherwise noted 25% of the fee is NOT REFUNDABLE)

Reason for request: (Check One)

- A. Illness of Participant
- B. Illness in Family of Participant
- C. Death in Family of Participant
- D. Family of Participant moved Out of Council
- E. Early Departure due to illness. Day of Departure: \_\_\_\_\_
- F. Other. Please explain in full detail: \_\_\_\_\_  
\_\_\_\_\_

Person making request \_\_\_\_\_ Position \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of Refund Request (Check One)

- Apply to Fees Due to other participants attending same session or activity
- Deposit into Unit Account at Council Service Center (Unit No.) \_\_\_\_\_
- Send Check to: \_\_\_\_\_

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

**Note: The Unit leader's Signature MUST appear on the Request Form to be valid.**

Unit Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

#### FOR OFFICE USE ONLY

**Request:**                      **Approved \$** \_\_\_\_\_                      **Denied** \_\_\_\_\_

**Signed:** \_\_\_\_\_                      **Date:** \_\_\_\_\_