

**2011 Cub/Webelos Scout Resident Camp
Refund Request Form**

This form must be completed in its entirety and be received at the Scout Service Center prior to Thursday, June 30, 2011.

Cubmaster's Name: _____ Pack # _____

Address _____

City _____ State _____ Zip _____

Telephone H () _____ C () _____ B () _____

E-Mail: _____

Scout/Adult Name: _____

Reason for Scout and/or Adult requesting refund:

Scout/Adult Signature: _____

Cubmaster Signature: _____

Physician Signature: _____

Coronado Area Council Usage Only	
Approved:	Denied:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Coronado Area Council Representative's Signature & Date:	