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The Moraine Trails Council, Boy Scouts of America

Resident Camp Refund Request Form

This form must be filled out completely for camp refunds to be processed. All refund request must be received to the council office no later than August 15th. The \$30.00 Deposit is nonrefundable. All refunds will be processed on August 31st Refunds will not be issued for partial weeks of camp. Camp Administration must be notified prior to check in at camp. Camp Director must be notified at Robert.Seman@Scouting.org

Name of Scout/ Leader _____

Unit Number _____

Refunds Payable to

Name _____

Street Address _____

City _____ State _____ Zip _____

Date Refund Requested _____

Refund Requested for Camp

Select week of camp

____ Bucoco Week 1

____ Agawam Cub Resident Week 1

____ Bucoco Week 2

____ Agawam Cub Resident Week 2

____ Bucoco Week 3

____ Bucoco Week 4

Total Refund Requested \$ _____

Office Use Only

Date Received in Office _____ Camp Director Notified Date _____

Date Approved _____ Refund Amount Approved \$ _____

Camp Director Signature _____

Scout Executive Signature _____

Bucoco Cost Center 6701-703

Agawam Cost Center 6701-704

Address: 830 Morton Ave. Ext * Butler, PA 16001 * Phone: 724-287-6791

www.morainetrails.org