

COUNCIL SERVICE FEE MAX FAMILY CAP REIMBURSEMENT REQUEST FORM

To continue to keep Scouting an affordable option for every family, the Black Swamp Area Council has placed a maximum cap on the total amount of *Council Service Fees* collected from ONE Scouting family household. Please complete the information below if the total cost of your combined service fees are greater than **\$100**; you will be reimbursed the difference.

List of Family Members & Individual Service Fees Paid	
First Name: Last Name	me:
Unit Type: PACK TROOP CREW Unit Number:	Service Fee Amount Paid: \$
First Name: Last Name	me:
Unit Type: PACK TROOP CREW Unit Number:	Service Fee Amount Paid: \$
First Name: Last Na	ime:
Unit Type: PACK TROOP CREW Unit Number:	Service Fee Amount Paid: \$
First Name: Last Name:	
Unit Type: PACK TROOP CREW Unit Number:	Service Fee Amount Paid: \$
Reimbursement Information	Summary of Fees & Amount Due to Family
Parent/Guardian Name:	Sum of ALL Service
Address:	Fees Paid: \$
City: State: Zip:	Cubtract May Family Con. 6100.00
Parent/Guardian Phone No:	Subtract Max Family Cap: - \$100.00
Parent/Guardian Email:	Total Due for Refund: \$
Funds will be returned to payer. If unit pays registration, refund will be deposited on unit account.	Y



For more information contact Black Swamp Area Council Service Center 2100 Broad Ave, Findlay, OH 45840

419-422-4356

For Office Use Only

Amount of Reimbursement Approved:
Staff Member Approval:
Scout Executive Approval:

Reimbursement from Account # 1-6931-085-90