

Camp Emerson 2016 "Knights of the Roundtable"

2016 Camp Emerson Weeks: Week #1 July 11th - 16th Week #2 July 17th - 23rd Week #3 July 25th - July 30th

Hear Ye, Hear Ye, Hear Ye!

Your quest should you choose to accept it, on behalf of great King Emerson, is to seek out adventure, spend time in the Forests of Idyllwild, and have fun!

Hearty Boy Scouts and Varsity Scouts! You have the distinct honor to slay the beast of adventure, winning great recognition for you and your Troop or Team. You can become a Knight at King Emerson's Roundtable!

You have the honor to join your fellow Knights at camp and learn to shoot like the archers of Sherwood Forest, sleep under the stars and learn of the heavens from the wise ones present. For those of you already having the distinction of holding court



with the King, we have the Excelsior Team or E-Team for short for you to participate in this during your stay at encampment.

Unit leaders please join us on April 2, 2016 at 9:30am at Camp Emerson located at 53155 Idyllbrook Dr, Idyllwild, CA 92549 for an Emerson Leader's meeting where brunch will be served and we'll answer your questions.





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To make your unit's reservations, mail the application below with your non-refundable deposit of \$200 and \$50 per Scout non-refundable deposit. Please submit one registration form per unit and one unit check per form. Please review and sign the Council's refund policy on reverse side of this page.

 Camp Emerson 2016
 Date Received _____

 PO Box 8910
 Receipt # _____

 Redlands, CA 92375-2110
 Acct: 711

2016 Camp Fees

Youth - \$335 (Early bird if paid by Apr 15th), Apr 16th fees will increase to \$360 Adults - \$190

One free leader per unit with a minimum of 5 Scouts. All fees must be paid by June 17, 2016.

Please check which session you would like to attend:

□ Week #1 July 11 th - 16 th	□ Week #2 July 17 th - 23 rd	□ Week #3 July 25 th – 30 th
CAMPSITE: 1 st Choice		2 nd Choice
Number attending:		
Scouts@ \$	= \$	
Adults @ \$	= \$	
Council Name:	District:	Unit #:
Contact Name:]	Phone Number:
Email Address:		

Refund/Activity Fee Transfer Policy

Because most of the fees that are paid for camps and events are actually spent or committed prior to the actual camp or event, refunds or activity fee transfers for Council and district camps and activities will be made only under the following conditions:

Request for cancellation or activity fee transfer of a reservation must meet one of the following criteria:

A: For the use of Council camps, summer camp, or any overnight camping event, a written request must be received by Volunteer Services at the Council Service Center at least thirty (30) calendar days before the event.

B: For all non-overnight events, a written request must be received by Volunteer Services at the Council Service Center at least fourteen (14) calendar days before the event.

C: Activity Fee Transfer requests must be for activities within the same calendar year, and can only be transferred once.

All requests for refunds must be made in writing and submitted by the person who paid for the original reservation. All refund requests received by the deadline will be processed by the Volunteer Services department, and will require approval by a member of the Council Management Staff. Volunteer Services will request this approval.

In regards to	Camp Emerson and Camp Wiley, refund requests received by the above deadlines, will	l be
processed by	y Volunteer Services at the end of each session of camp.	

Cancellation requests received by the required deadline, as stated above, will result in a full refund minus a non-refundable, non-transferable fee. Refunds will be paid by Council check and mailed to the person who submitted the original reservation.

The only exception to this policy is in the case of an emergency, injury, or illness. The exception request must be in writing and verified by a parent and/or guardian <u>and a physician</u>. The maximum available refund under this provision will be 50% of the total fee paid by the individual.

The implementation of the policy was November 30, 2015.

This policy supersedes any and all previously adopted or implied Refund Policies.

I have read and understand the Council Refund Policy and on behalf of our unit agree to abide by its provisions.

Name PrintedDat	te
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Signature_____