



Program Cancellation/Change Form

(Credits, upon approval, will be good for a period of one year. Refunds, upon approval, will be issued within 30 days)

Participants Name

Parent's Name if Participants is under the age of 18

If Refund is Requested make Check Payable to:

Address

City

State

Zipcode

Best Phone Number to Call

E-mail Address

Program Name and Session Date

If dropping or changing a program please choose one of the following:

Request Program Change: From: _____ To: _____

Drop Program:

Other:

Please Explain Below:

Refund/Cancellation Policy: For programs, a refund or credit may be obtained if requested in writing two weeks prior to the beginning of the program or, for a documented medical condition that will not allow for participation. YMCA membership fees, and/or deposits are nonrefundable. The program and executive director must approve all requests prior to being processed. The signature below indicates your acknowledgement and understanding of the YMCA's refund/cancellation policy.

Signature

Date

Staff Signature

Date Received

(For Office Use Only)

Please Check:

Credit Amount: _____

Refund Amount: _____

Sr. Program Director Approval

Date

Executive Approval

Date

Action Completed by:

Refund Issued on: