**MESABI FAMILY YMCA**
**Program Refund Request Form**

All credits, refunds and program transfers are subject to Director/Coordinator approval. All processing fees will be withheld from the credit or refund issued. There will be a $5 processing fee for all program credit requests and a $10 processing fee for all refund requests. Please allow up to 3 weeks for processing.

If you or your child is absent 3 or more days in a program session due to illness or injury, you may receive a pro-rated credit or refund. A doctor's note must accompany this completed form. No refunds, credits or transfers will be given for special events or fundraisers.

_____ _____
Signature of person requesting credit/refund/transfer Date

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**Please fill in completely to assist in processing.**
**Completing this form does not guarantee a credit, refund or transfer.**

I am requesting: YMCA Credit___ Refund___ Transfer___

Name of Registered Participant:_____Birthdate_____

Name of Parent/Guardian (if applicable):_____

Address:_____City_____State_____Zip_____

Phone: Home_____Work_____Cell_____

Name of Program:_____Session Begin Date:_____

Reason for Request:_____

_____

**FOR REFUND REQUESTS ONLY:**

Make Check Payable to:_____

Address:_____City_____State_____Zip_____

**FOR TRANSFER REQUESTS ONLY:**

Name of Program To Be Transferred Into:_____

Preferred Session Begin Date:_____

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**OFFICE USE ONLY:**

Director/Coordinator Approval:_____Date_____

Credit/Refund Amount Issued:_$_____ Refund Issued By: Check___ Credit/Debit Card Return___

Credit/Refund Issued By:_____Date_____