

Program & Camp Credit/Refund/Transfer Application (Except Active Adults Trips and Events)

All credits and refunds are subject to Director approval. All service fees will be withheld and any other additional fees may be deducted at the discretion of the Director. There will be a \$5.00 processing fee for all YMCA credit requests and a \$10.00 processing fee for all refund requests. Please allow 2-3 weeks for processing.

Children absent 3 or more days in a session due to illness or injury may receive a pro-rated credit or refund. A doctor's note must accompany the credit/refund form available at the front desk and be submitted within 1 week of the camp. Before camp starts we pay our vendors, purchase our admission tickets and supplies, and hire our staff according to the enrollment. These are the reasons for the above policy.

ALL deposits are NON-REFUNDABLE.

Signature of Person Requesting Credit/Refund/Transfer

Today's Date

**PLEASE FILL IN COMPLETELY TO ASSIST IN PROCESSING. COMPLETING THIS FORM
DOES NOT GUARANTEE A CREDIT OR REFUND.**

I am requesting: YMCA Credit _____ Refund _____ Transfer _____ Amount requested: _____

Name of Participant (s): _____ YMCA ID # (s) _____

Name of Parent/Guardian: _____

Address: _____ City/State: _____ Zip: _____

Phone (daytime): _____ (evening): _____

Program Registered for: _____ Program Begin & End Dates: _____

Program/Camp Name: _____
(Please be specific)

Reason for Request: _____

FOR REFUND ONLY:

Amount Paid: _____

I paid by: _____ (Cash or Check)

_____ (Credit Card)

Credit Card Number (Required if paid by credit card)

_____ Exp date _____

Make Check Payable to: (Adult Only)

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

DATE: _____ LAST NAME: _____

OFFICE USE:

Session: _____ Program Code: _____	BACK OFFICE USE ONLY
Amount Paid: _____ Cash History Date: _____	Transfer _____ Edit _____ Credit _____
Forwarded to: _____ on _____	Amount _____
Director's Name _____ Date _____	Voucher # _____
	Service Fee Taken _____

CREDIT VOUCHER Amount: _____ Reason (must be included): _____

Credit for: Program: _____ Session: _____ Program Code: _____

Apply \$ to: Program: _____ Session: _____ Program Code: _____

Credit to be applied to another family member NAME: _____ YMCA ID # _____

Service Charge Amount: **\$5.00 per program** Total Credit Amount: _____

CREDIT CARD REFUND Amount: _____ Reason (must be included): _____

Refund for: Program: _____ Session: _____ Program Code: _____

Credit Card # _____ Exp. Date: _____ CARDHOLDER _____

Service Charge Amount: **\$10.00 per program**

Total Refund Amount: (Must be greater than \$20.00) _____

FOR MEMBERSHIP REFUND: Type: _____ GL Account #: _____

CHECK REFUND Amount: _____ Reason (must be included): _____

Refund for: Program: _____ Session: _____ Program Code: _____

Service Charge Amount: **\$10.00 per program**

Total Refund Amount: (Must be greater than \$20.00) _____

FOR MEMBERSHIP REFUND: Type: _____ GL Account #: _____

Director's personal follow-up contact made: _____ Date: _____ Time: _____

Discussion/Comments/Resolution :

Director's Signature: _____ **Date:** _____

FOR BACK OFFICE USE ONLY

Approved by: _____ Date: _____ Amount Paid: _____

GL Account #: _____ Service Charge: _____

Executive Director: _____ Total Amount of Refund Check: _____

Date: _____ Accounting sent to Metro for payment