

# Credit/Refund Request

Date: \_\_\_\_\_

Member ID: \_\_\_\_\_



Member/Participant Name: \_\_\_\_\_

Guardian Name (if minor): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Membership Refund Request \_\_\_\_\_

## Program Refund Request \_\_\_\_\_

Date of Transaction(s) Requesting:  
\_\_\_\_\_

Program: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Session: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Explanation of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### POLICIES:

- \$10 Processing fee on all refunds and credits.
- Credit/Refund requests made more than one week prior to program starting will receive full credit, minus processing fee. Requests made after the program begins, will not be approved.
- Cancellations due to inclement weather, or an inability to attend due to sickness or other activities will not be refunded/credited.
- Payments made with a credit card will be returned to the same card or a YMCA account credit may be used.
- Requests will be reviewed by the appropriate parties and if approved, requester will be notified.

Any questions may be directed to [info@ymcacassclay.org](mailto:info@ymcacassclay.org)

I have read, understand and agree to above stated credit refund request policies.

Requester Signature: \_\_\_\_\_

Preparer Name (Staff): \_\_\_\_\_

### YMCA OF CASS AND CLAY COUNTIES

Fercho Branch  
400 1st Ave S, Fargo, ND 58103  
P: 701.293.9622  
[ymcacassclay.org](http://ymcacassclay.org)

Schlossman Branch  
4243 19th Ave S, Fargo, ND 58103  
P: 701.281.0126

Office Use Amount Rewarded: \_\_\_\_\_

Director Signature: \_\_\_\_\_

VP Approval: \_\_\_\_\_

Account #: \_\_\_\_\_