



Date: _____ Branch Location: _____

Contact/Participant Name: _____

Guardian Name (if minor): _____

Email: _____ Phone: _____

Membership Refund Request

Date of Transaction(s) Requesting

Program Refund Request

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 will be returned via the original payment method, or returned in the form of a YMCA credit. No cash refunds.
- All YMCA Credits that are unused after 6 months will be expired.
- Requests will be reviewed by the appropriate parties and if approved, requester will be notified.
Any questions may be directed to info@ymcanorthernsky.org

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

Requester Signature: _____

Preparer Name (Staff): _____

Total Amount Refunded: _____
Director Signature: _____
VP Approval: _____
Account# _____

YMCA of the Northern Sky
 Fercho | 400 1st Ave S | Fargo ND, 58103
 Schlossman | 4243 19th Ave S | Fargo ND, 58103
 Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537