



**SUMMIT AREA YMCA – PROGRAM CREDIT / REFUND REQUEST**

\_\_\_\_ Berkeley Heights    \_\_\_\_ Springfield    \_\_\_\_ Summit    \_\_\_\_ The Learning Circle

**Member Requests:**

\_\_\_\_ On-line Credit \*    \_\_\_\_ Refund (by Check)    \_\_\_\_ Refund (by Credit Card)

\*Online Credit not subject to \$10 service charge unless check is issued at a later date

Date \_\_\_\_\_

Refund Recipient \_\_\_\_\_

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Membership Type \_\_\_\_\_

Class Name \_\_\_\_\_

Class Day and Time \_\_\_\_\_ Session Start Date \_\_\_\_\_

Reason for Request \_\_\_\_\_

**Program Cancellation Policy**

- 1.) A \$10 service charge applies to all refunds.
- 2.) Program Cancellations by participant must be made in writing.
- 3.) Credits are valid for 12 months from date of issue.
- 4.) Credits may be used at any branch of the Summit Area YMCA.
- 5.) Programs cancelled by the YMCA will be made available for full refund or credit.
- 6.) Participant program cancellation any time up to five (5) days before the first class will result in a full refund minus the \$10 service charge.
- 7.) Participant program cancellation less than five (5) days before the first class will result in 50% refund minus the \$10 service charge.
- 8.) Participant program cancellation on or after the first day of class does not qualify for a credit or refund unless the YMCA is provided with a doctor's note, refund will be pro-rated for missed classes.
- 9.) Cancellation policy is subject to change.
- 10.) Classes are subject to cancellation due to low enrollment.
- 11.) Credit/Refund may take up to two (2) weeks to process

**I have read and understand the Summit Area YMCA refund/credit policies above.**

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

**For office use only:**

Staff person preparing report \_\_\_\_\_ Date request received \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Amount of refund \_\_\_\_\_ Date Processed \_\_\_\_\_

Program Director \_\_\_\_\_ Executive Director \_\_\_\_\_

- Please attach a copy of processed online credit or credit back to credit card, if applicable

--✂-----✂-----Detach and give to member-----✂-----✂-----

**Member Copy -Program Credit/Refund Request Voucher**

Date of Credit/Refund Request \_\_\_\_\_ Staff Signature \_\_\_\_\_

Class Name \_\_\_\_\_