



# MADISON AREA YMCA PROGRAM WITHDRAWAL FORM MEMBERS

Office Use Only Rec'd by: _____  Date _____
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## INSTRUCTIONS & INFORMATION:

1. Internal YMCA credits may be requested up until the start of the 3rd class of the session.
2. After the 3rd class, credits and refunds will be issued at the discretion of the Program Director.
3. Participants are charged for all classes on a pro-rated basis from the time this request is received.
4. A \$10.00 processing fee will be charged for all program withdrawals. Program transfers will not be charged the processing fee.
5. REDEMPTION: Once approved, your credit may be applied to any YMCA program or service and EXPIRES ONE YEAR FROM DATE OF ISSUE.
6. Refunds are granted for class cancellations by the YMCA or valid medical excuse from a doctor and are subject to an additional \$10.00 refund fee.

## PLEASE PRINT CLEARLY – COMPLETE ALL INFORMATION:

<b>NAME OF MEMBER:</b>		
Last Name: _____		First Name: _____
<b>NAME OF PARENT/GUARDIAN:</b>		Home Phone Number: _____
Last Name: _____		First Name: _____
Street Address: _____		City, State, Zip: _____
<b>CLASS NAME:</b>	<b>DAY OF WEEK:</b>	<b>CLASS TIME:</b>
<b>REASON FOR REQUEST:</b> (Please be specific)          		
PARENT/GUARDIAN SIGNATURE _____ TODAY'S DATE _____		

☐ Refund    ☐ Credit

## FOR OFFICE USE ONLY

Class Barcode \_\_\_\_\_ Start Date \_\_\_\_\_ Received before 3rd class? (Circle one) YES    NO

Amount Paid \$ \_\_\_\_\_ Proration \$ \_\_\_\_\_ Service Fee \$ (10.00) Total R/C \$ \_\_\_\_\_

Employee Accepting Request \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Director Approving Request \_\_\_\_\_ Director Initials \_\_\_\_\_ Date \_\_\_\_\_

Employee Processing Request \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_