



MADISON AREA YMCA PROGRAM WITHDRAWAL FORM MEMBERS

Office Use Only Rec'd by: _____
Date _____

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:

NAME OF MEMBER:		
Last Name:	First Name:	
NAME OF PARENT/GUARDIAN:		Home Phone Number:
Last Name:	First Name:	
Street Address:	City, State, Zip:	
CLASS NAME:	DAY OF WEEK:	CLASS TIME:
REASON FOR REQUEST: (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 _____