



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ANAHEIM FAMILY YMCA Refund Policy

PLEASE READ CAREFULLY:

1. All refunds requested are subject to a \$10.00 processing fee. Todos los reembolsos solicitados serán sujetos a un cargo de \$ 10.00
2. All refunds must be approved by the program director or coordinator of the program. Todos los reembolsos deben ser aprobados por el director del programa o coordinador del programa
3. Approved requests will be refunded within 2-3 weeks by mail if by check or credit card return. Los reembolso aprobados serán reembolsados dentro de 2-3 semanas por correo si por cheque o tarjeta de crédito a cambio.
4. Refunds may be requested as a system credit to be used towards the next session of program. Los reembolsos pueden ser solicitados como un crédito del sistema que se utilizará para la próxima sesión del programa.
5. Full refunds may be issued if notice is given within 5 business days prior to start date of program. Refund requests made after start date may be eligible for a partial refund/credit but will be determined on a case by case basis approved by the program director. Los reembolsos completos podrán emitirse si el aviso se da dentro de los 5 días anteriores a la fecha de inicio del programa. Las solicitudes de reembolso realizadas después de la fecha de inicio pueden ser elegibles para un reembolso / crédito parcial, pero serán determinados en una base de caso por caso, aprobado por el director del programa.
6. If there is a medical reason given for the member not attending the program, a refund will be issued if documentation is provided. (ex: Doctor's note) Si hay una razón médica dada por cual el miembro no asistirá al programa, se emitirá un reembolso si se aporta documentación. (por ejemplo: la nota del doctor)
7. The YMCA reserves the right to cancel a program that does not have the minimum enrollment. Programs cancelled by the YMCA will be refunded in full by check/credit card return or a program credit (based upon the member's preference). La YMCA reserva el derecho de cancelar un programa que no tiene la inscripción mínima. Programas cancelados por la YMCA serán reembolsados en su totalidad por cheque o un crédito del programa (basado en la preferencia del miembro).
8. **All deposits/registration fees are non-refundable.** Todos los depósitos / cuotas de inscripción no son reembolsables
9. There will be no refunds or credits given for days your child is absent from the program, or if your child's participation in the program ends prior to the end of the session/program year. No habrá reembolsos o créditos otorgados por día que su hijo/a este ausente del programa, o si la participación de su hijo en el programa termina antes del final del año sesión / programa

A **Refund Request Form** must be submitted in order to be considered for a refund. All requests are subject to director approval and are not guaranteed. Un formulario de solicitud de reembolso deberá ser presentado con el fin de ser considerados para un reembolso. Todas las solicitudes están sujetas a la aprobación del director y no están garantizados.



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ANAHEIM FAMILY YMCA Refund/Credit Request Form

Please review refund policy and complete below:

Participant Name: _____ Date of Birth _____

Refund Payable to: _____

Address _____

City _____ State _____ Zip _____

Contact Number (_____) _____ Alternative Number(_____) _____

Email _____

Program Name: _____ Dates/Session: _____

Fee Paid: _____ Date Paid: _____ Form of Payment: ___ Credit card ___ Check ___ Cash

Reason for Refund/Credit Request:

I have read, understand and agree to the refund/credit policy.

Signature of person requesting refund: _____ Date: _____

Please allow at least 5 business days to review your request. A YMCA staff person will notify you within one week of date submitted on the status of your request.

OFFICE USE ONLY:		Reviewed Date:
Refund/Credit <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Participant Unit ID #: _____
Reason: _____		
Original Amount Paid: _____	Form of Refund:	
Pro-rated Amount: _____	<input type="checkbox"/> Check (processed & mailed within 2 weeks)	
Minus Processing Fee: _____	<input type="checkbox"/> System Credit (credit for next session)	
Balance Due: _____	<input type="checkbox"/> Credit Card Return (Last 4 digits _____)	
Approved By: _____	Signature: _____	
*Attach original Daxko Receipt to Form before submitting to Accounting.		

ACCOUNTING DEPARTMENT ONLY:		Reviewed Date:
<input type="checkbox"/> YMCA Check issued	Mailed Date _____	
Check # _____		
<input type="checkbox"/> Credit Return	Credit Return Date _____	Initials _____