



YMCA of the Northern Sky

## CREDIT/REFUND REQUEST

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](mailto: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