



REQUEST FOR PROGRAM CANCELLATION/TRANSFER

All program cancellations must be received by the 12th of the month prior to the month requesting service be stopped. Failure to do so will result in that month's payment being non-refundable. Summer Camp is non-refundable.

Please **PRINT** clearly

Today's Date: _____

Parent name: _____ Phone: _____

Participant(s) name: _____

Program: _____ Session Dates: _____ School: _____

If a monthly EFT applies, cancellation will be effective the 15th of _____

Last day child will be attending the program: _____

Please select from the following:

_____ Cancel program participation & apply a system credit to my account

_____ Cancel program participation & return payment

_____ Transfer, please transfer my child to: _____

Please state the reason you are requesting a refund or transfer: _____

No need to refund, please transfer my child to: _____

If you are requesting a refund the Director or Coordinator of the program listed will contact you regarding the reason, and a **\$10 processing fee** will be deducted from the amount of the refund.

Parent signature: _____ Date: _____

MEMBER SERVICES REPRESENTATIVE OFFICE USE ONLY

Accepted by: _____ Date of draft cancellation: _____ Amount: _____

Completed by: _____ Date: _____

PROGRAM CANCELLATION VERIFICATION (to be completed by Member Services Representative)

The YMCA received your cancellation request for _____

The cancellation will be effective for the _____ / _____ /20____ draft date. The staff person that processed this request was _____ This notice will serve as your verification that the program cancellation was received in time to stop the monthly EFT on the date written above. No refunds will be honored without this form, please retain it for your records.