

# Class Credit/Refund Request Form

\*must be filled out in full for our consideration



## Parent Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Athlete Information

Name \_\_\_\_\_  
Class (Name, Date, Time) \_\_\_\_\_  
Last date attended \_\_\_\_\_

## Reason For Request

### Refunds

Refunds will only be issued in case of a medical situation with a doctors note attached to this form.  
May be subject to a \$25 administrative Fee.  
Return form with any supporting documents to the Gymnastics Club for consideration.

### Credits

Credit requests will be evaluated on a case to case basis.  
May be subject to a \$25 administrative fee.  
Return form with any supporting documents to the Gymnastics Club for consideration.

\_\_\_\_\_  
**Parent Signature** \*By signing this, you are agreeing that you have read all of the above mentioned information.

\_\_\_\_\_  
**Date**

## Board Decision and Explanation

\_\_\_\_\_  
**Board President Signature**

\_\_\_\_\_  
**Date**