



The New Canaan Community YMCA, Inc.

564 South Avenue
New Canaan, CT 06840

Phone: 203-966-4528
Fax: 203-972-7738

Refund Request

DATE STAMP

Participant/Member: _____
Member or program participant name

Refund payable to (responsible party): _____
Please print

Refund to be mailed to: _____
Street Address
City State Zip

Home phone: _____ Work Phone: _____

E-mail address: _____

MEMBERSHIP refund
Reason for refund: _____

ACTIVITY refund Session Year: _____ Session (please circle): Winter Spring Summer Fall Camp
Other: _____
Activity name: _____ Day/Time: _____
Reason for refund: _____

By signing below, I am acknowledging that I have read and understand the refund guidelines and policy of The New Canaan YMCA (see reverse):

Person requesting refund: _____ Date: _____
Signature
Y Staff acknowledging request: _____ Date: _____
Please print

OFFICE USE ONLY

Type of refund: On Line Credit Credit Card Check

Director approval: _____ Initials: _____ Date: _____
(only required for exception to refund policy) Please print

Total Fee: _____
Pro-Rated Refund Amt: _____
Minus \$15 Processing Fee _____
TOTAL REFUND DUE: _____

Processed in AN
Receipt/Refund Trckng Record attached:
Additional document(s) attached:
description: _____
Confirmed no Outstanding Bal due:

Notes: _____

Finance Office: (for check refund only) A/R checked: Credit Removed to Off-Line in AN Check cut:
Date received: _____ Date check mailed: _____

REFUND POLICY– 2017

OUR 30-DAY MEMBERSHIP GUARANTEE:

If you are not pleased with membership, complete and submit a Refund Request Form to the Front Desk, Attn: Laura Ryan within the first 30 days of joining and we will refund your membership and joiner fee. Memberships are non-transferrable and, after 30 days, non-refundable.

MONTHLY MEMBERSHIP BANK DRAFT:

Memberships that are renewed monthly through automatic payment from your checking account or credit card/debit card are continuous unless you request a termination. Termination forms can be picked up at the Front Desk and must be signed and submitted to the Front Desk for processing at least one week prior to membership bank draft. Requests submitted via e-mail are accepted with confirmation at lryan@newcanaanymca.org.

ACTIVITY REFUND POLICY

At the New Canaan YMCA, our mission is to enrich all people in spirit, mind and body. We seek to accomplish this mission and support our community by providing quality programming in a safe environment. To assist us in scheduling qualified instructors and assure that we maintain proper instructor/participant ratios, we have established policies limiting the conditions and time frames in which we can make changes to class rosters and/or provide refunds of Activity fees.

ACTIVITIES CANCELLED BY THE Y:

- If the Y cancels an activity, a 100% refund will automatically be issued. The YMCA reserves the right to cancel any activity that fails to meet enrollment requirements.
- If a class is cancelled by the Y due to inclement weather or an emergency, every effort will be made to offer a make-up class. If the YMCA is unable to do this, credit for the missed class will be issued. If participants are unable to attend the scheduled make-up class, no credit will be issued.

PARTICIPANT WITHDRAWAL FROM A PROGRAM:

- If a refund request is received by the Y, at least 1 week prior to the activity start date, a 100% refund/credit will be issued.*
- If a program participant withdraws due to a medical reason, with written verification by a physician, a prorated refund/credit will be issued.* Request must be submitted prior to the last class of the session. No other refunds will be provided unless the vacant space can be immediately filled. Refund inquiries should be sent to the appropriate activity director.

* All refunds are less a \$15 processing fee per participant/per activity.