



Change/Refund Request Form 16/17

PO Box 41, Slocum, RI 02877

Phone: 401-294-3802 Fax: 401-295-8550

Email: info@yawgoo.com

There are NO refunds or class changes after December 1, 2016

(Exception: Medical Reasons – A physician’s statement must accompany refund request)

Fee: \$10.00 per refund/change/credit/add-on request (per person)

Date: _____ Parent’s Name: _____

Student: _____ Class Day/Time: _____

Student: _____ Class Day/Time: _____

Student: _____ Class Day/Time: _____

Student: _____ Class Day/Time: _____

Phone # _____ Email: _____

Request: (please check one)

Add Rental | \$55 per student (\$45 rental plus \$10 fee)

Available for JR Trackers/JR Shredders & Trackers/Shredders program only.

Remove Rental Gift Card Credit only after 12/1/16 | \$35 per student (\$45 rental minus \$10 fee)

Available for JR Trackers/JR Shredders & Trackers/Shredders program only.

Cancel Class

This form must be received by 12/1/16. Refunds will be issued minus the \$10 fee. Please include original payment (credit cards are not saved on file).

OR Medical Refund - A copy of the physician’s statement must accompany request, otherwise gift card will be issued.

Full Credit (before classes start) **Partial Credit:** Remaining Lessons _____

Please submit request immediately as medical refund will be issued for remaining classes.

Add Payment (or Include original card for refund)

Circle: **Payment or Refund** Total: _____

MasterCard or Visa# _____ EXP ____/____ Or Check #: _____

Card Holder Name: _____ Signature: _____

FOR OFFICE USE ONLY

Date Processed: _____ By: _____ Amount: _____ Action: Change Refunded Credit/Gift Card

Change/Refund/Credit By: Credit Card Check Gift Card # _____ Other : _____