

# Change/Refund Request

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YAWGOO  
VALLEY

JANUARY SKI  
& RIDE LESSON  
PROGRAM  
2018

## Guideline

- Full refunds will be granted when requested by December 1<sup>st</sup>, 2017, less a \$10 administrative fee. Refund requests after December 1, 2017 will only be issued with a physician's note.
- Changes will be granted upon availability when requested by December 1<sup>st</sup>, 2017.
- Rental cancellations after December 1<sup>st</sup>, 2017 will be issued in the form of a gift card.
  - Rental cancellations are valid only for JR Trackers, JR Shredders, Trackers, & Shredders. There is no rental fee Kinderschuss/Kindershred classes. All other programs rental equipment is not available.
- Medical refunds requested prior to the start date of the course/program will be granted in full. Refunds requested after the start of programs will be issued refunds pro-rated based on remaining classes and/or the date of submitted physician's note.
  - A physician's note must be provided for all medical refunds to be processed.
  - A prorated refund will be granted for medical refund requests received during or after the course/program.
  - Medical refunds must be requested, with proper documentation, within 21 days from injury.

Date of Request \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student \_\_\_\_\_ Current Class \_\_\_\_\_ Day/Time \_\_\_\_\_

- Add Rental Equipment \$60 Due (\$50 plus \$10 fee)  Cancel Rental Equipment \$40 Refund (\$50 less \$10 fee)
- Change Class/Program \$10 Due - New Class: \_\_\_\_\_  Medical Refund (Attach physician's note to this request.)
- Cancel Class (Refund less \$10 fee)  Medical Refund (Attach physician's note to this request.)

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## Refund / Payment

Our system does not save credit card information. You may provide original credit information below for refunds (processed within 1-2 business days upon receipt); or you can opt for a check refund (processed within 3-5 business days upon receipt). Change fee must be accompanied by credit card or check.

Payment OR  Refund: Total \$ \_\_\_\_\_

Check OR  MasterCard or Visa # \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_

I agree to the above changes and authorize payment or refund processing (Sign Above)

FOR OFFICE USE ONLY: Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Amount: \_\_\_\_\_

Change  Gift Card Credit # \_\_\_\_\_  Refund by Credit Card  Refund by check # \_\_\_\_\_