

# YAWGOO VALLEY SKI AREA

## JANUARY SKI & RIDE LESSON PROGRAM '19 | CHANGE/REFUND REQUEST

- All refund or change requests should be made via this form and received by 11/30/18. All refunds or changes are subject to a \$25 administrative fee, per student.
- Medical refunds will be issued at any time with a physician's note; refund or credit will be issued for remaining classes. Administrative fee is waived for medical refunds. Please notify us of as soon as possible so we can record your last class by calling 401.295.8550 x 112 or send us an email at help@yawgoo.com.
- Any change requests are subject to availability as most classes sell out.
- Rental cancellations will be granted after 11/30 with a credit via gift card only. Rental refunds / add-ons are only available for: Mini Trackers, Junior Trackers, Trackers, Grown-Up Trackers, Junior Shredders, Shredders, and Grown-Up Shredders. All other programs either do not have a rental option available or is included at no extra charge.
- Waitlist changes are not required to complete this form.
- Cancellations received after 11/30 are subject to the following refund schedule:
  - Received by November 30: Full refund (less \$25 administrative fee)
  - Received by December 15: Full Credit to a YV gift card (Less \$25 administrative fee)
  - Received After December 15: 75% Credit to a gift card for unused classes
  - Exception: If a child is sick or injured and cannot attend classes, we will refund remaining classes in full of a **physician's** note.

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Student Last Name, First Name \_\_\_\_\_ Date of request \_\_\_\_\_

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Email (for confirmation & receipt) \_\_\_\_\_ Phone \_\_\_\_\_

Add Rental  Cancel Rental  
 Change  Cancel  Medical Refund

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Student Name \_\_\_\_\_ Class / Day / Time \_\_\_\_\_ Request Type \_\_\_\_\_

Add Rental  Cancel Rental  
 Change  Cancel  Medical Refund

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Student Name \_\_\_\_\_ Class / Day / Time \_\_\_\_\_ Request Type \_\_\_\_\_

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Student Name \_\_\_\_\_ Class / Day / Time \_\_\_\_\_ Request Type \_\_\_\_\_

Add Rental  Cancel Rental  
 Change  Cancel  Medical Refund

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Student Name \_\_\_\_\_ Class / Day / Time \_\_\_\_\_ Request Type \_\_\_\_\_

### 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 \_\_\_\_\_ / \_\_\_\_\_

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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 # \_\_\_\_\_