## CORAL GABLES YOUTH CENTER REFUND, TRANSFER AND CREDIT REQUEST FORM

Refund	Transfer	Computer	credit	Date:	Time:
Parent/Guard	ian Name:				
Address:			City:		Zip:
Home Phone:Work Phone:					
Name of Part	icipant:				The state of the s
Amount Paid for Program: \$*Refund Processing Fee: \$15 Total Due \$					
Program/Cou	rse:		Session/Dates:		
Number of C	lasses Taken/A	ttended (attendanc	e will be verified	by instructor	r):
Transfers ONLY: (From)/ (To)/					
Reason for Refund, Transfer or Credit:  Program/Class Cancelled Not satisfied With Course/Instructor Medical Reasons **Dr. 's note required Other  Reason:					
(Signature of Patron Requesting Refund)  Date:					Date:
		o all refunds unless issued and mailed be			ed from the amount of refund. If
		FOR OFF	ICE USE (	ONLY	
(Print Name	of Cashier Prod	essing Request)	Арр	roved [	Not Approved
(Office Mana	ager / Assistant	Supervisor / Sup	ervisor)	(P&R Di	rector)
Fax to Finance Processed by: Date:					
Date	Staff	Action/Status			
		Paperwork received by staff			
	-	Approval process completed			
Š		Customer notified & paperwork sent to finance			