

# BGCC Program Refund Request

Date of Request: \_\_\_\_\_ Staff Receiving Request: \_\_\_\_\_

Parents Making Request: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Full Address: \_\_\_\_\_

Program: \_\_\_\_\_ School: \_\_\_\_\_ Fee: \_\_\_\_\_

Did child participate in any sessions?	Yes	No	How many? _____
Did child participate in a try-out session?	Yes	No	
Did child participate at practice sessions?	Yes	No	How many? _____
Did child play during a game?	Yes	No	How many? _____

Payment method: Cash/Check

Credit/Debit Card  If yes, last 4 digits of card used: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

- Refund will be made in the form of payment – check or credit back on card used (if card can't be processed, a check will be issued).
- For credit/debit credit – card must be presented at Front BGCC Office.
- Please allow 30 days for processing of refund check.
- For partial refunds, the admin fee is applied to the amount paid less the program charge.



Office Use Only

**REFUND/CREDIT**

**PARTIAL REFUND/CREDIT**

**NO REFUND/CREDIT**

Amount Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Less Admin. Charge: 10%

Program Charge: \_\_\_\_\_

**REFUND/CREDIT DENIED**

Less Admin. Charge: 10%

Total Refund/Credit: \_\_\_\_\_

Authorization : \_\_\_\_\_ Refund Check #: \_\_\_\_\_