

BGCC Program Refund Request

Date: _____ Staff Receiving Request: _____

Parents Making Request: _____

Child's Name: _____ Grade: _____

Phone: _____ Full Address: _____

Program: _____ School: _____ Fee: _____

Requested Date(s) for Refund: _____

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 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).
- 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 #: _____