



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KENTUCKY YMCA YOUTH ASSOCIATION REQUEST FOR REFUND

Notice of participant's inability to attend must be given as far in advance of program as possible to insure refund. Refunds are distributed based on our policy at kymca.org/refund. No refunds will be issued for requests made more than 30 days after the program that would have been attended.

Name of school:	_____		
Advisor:	_____		
Name of program missed:	_____		
Participant name:	_____ Amount paid: _____		
Reason for cancellation:	_____ _____		
Refund check payable to:	_____		
Refund mail to address:	_____ _____		
_____	_____	_____	_____
Participant signature	Date	Advisor signature	Date
<i>All sections must be fully completed!</i>			

Submit completed form by:

Mail: Kentucky YMCA, 91 C. Michael Davenport Blvd.
Frankfort KY 40601

Fax: 502.227.7030 **Email:** ph@kymca.org

Questions? 502.227.7028