



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KENTUCKY YMCA YOUTH ASSOCIATION REQUEST FOR REFUND

Please review the refund policy available at kyyrna.org/refund before submission.

All refunds are subject to a \$25 administrative fee and per policy may only qualify for a partial refund. No refunds will be issued for requests made more than 30 days after the end of the conference that would have been attended. KYA and KUNA refunds will only be issued back to the school and distributed to participants from there.

Conference: _____			
Participant Name: _____		Amount Paid _____	
School Name: _____ (do not abbreviate)			
Reason for Refund Request: _____			

If GFI/LTC:			
Make check payable to: _____			
Mail refund to: _____			

_____		_____	
Participant Signature	Date	Advisor Signature	Date
All sections must be fully completed!			

Submit completed form by:

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

Fax: 502-227-7030 **Email:** starla@kyyrna.org

Kentucky YMCA Youth Association, 91 C. Michael Davenport Blvd., Frankfort, KY 40601
www.kyyrna.org Phone (502)-227-7028 Fax (502)-227-7030