

1215 SE Hill St
Albany, OR 97322
Phone: (541)926-6666



ATHLETIC DEPARTMENT REFUND REQUEST FORM

Please read all of the guidelines before submitting a refund request.

Refunds turned in by the first week of practices:

Participants may receive a refund, for the amount paid, not including late fees, membership fees and/or tryout fees, less a \$10.00 administrative fee.

Refunds on camps or clinics will only be considered prior to the deadline. After the deadline passes, no refunds will be given for camps or clinics.

Refund requests will not be considered under ANY CIRCUMSTANCES if more than six months have passed since the end of the season.

Other Notes to Policy:

There will be a **\$35.00 Reissuing Fee** to replace any lost or uncashed checks issued by the Boys & Girls Club of Albany.

Please allow 30 days to process the refund application.

Credits applied to accounts must be used within 1 year of issue date.

Late Fees will not be refunded.

Membership Fees are non-refundable.

Exceptions to Policy:

Medical Refund: If a participant sustains an injury during the season and is not allowed to continue per Doctor's recommendations; a request for refund can be submitted for review. This request must be accompanied by a Doctor's note of explanation. The refund may be prorated depending on how far into the season the injury occurred.

Revised 10/3/2019

	<p>WWW.BGC-ALBANY.ORG</p>	<p>1215 SE Hill St. Albany, OR 97322 541-926-6666 info@bgc-albany.org</p>	
--	---------------------------	---	--



BOYS & GIRLS CLUB
OF ALBANY

Athletic Department Refund Form

Parent/Guardian (Payee)	Name of Player
Address	Sport Registered For
City, State, Zip	Amount of Registration Fee
Phone	

How many practices/games did this player attend/participate in?

Reason for refund request

I certify that I have read the entire refund policy on the reverse side of this paper.

Signature of person requesting refund

Date

Office Use Only

Staff	Notes
Date Received	Approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
Method of Refund	Reason Denied
Check Amt.	Amount to be refunded
Credit Voucher Amt.	Approved/Denied by Date