Youth Programs Refund/Transfer Request Form

☐ Refund  ☐ Transfer  ☐ Payroll Deduction Cancellation

Use this form to request a refund of an activity, to initiate a transfer between two activities, or to cancel Payroll Deduction. Please CLEARLY PRINT all information. Submitting this form DOES NOT GUARANTEE A REFUND. Notification of all refund denials will be sent to the email address provided. Policies are listed on back of this request form.

First Name                                                                           Last Name
Date:________ Time:________ Init:________

Today’s Date (mm/dd/yyyy)     Time (hh:mm am/pm)

Child’s Name                                                                   Email Address (Required)

Home Address

City, State and ZIP Code

Daytime Phone Number                       Home Phone Number
(          )                                                      (            )

This request applies to:

<table>
<thead>
<tr>
<th>Refund/Transfer out of:</th>
<th>Transfer into (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp/Class</td>
<td>Week/Session</td>
</tr>
</tbody>
</table>

| Camp/Class | Week/Session | Original Cost | Camp/Class | Week/Session | Original Cost |

| Camp/Class | Week/Session | Original Cost | Camp/Class | Week/Session | Original Cost |

Total: $_________________  ☐ Charge transfer fee  Total: $_________________

If transferring, the fee previously paid for Activity #1 will be applied toward Activity #2. Any balance to be paid MUST be paid when completing this transaction with the cashier. If there is a balance due to you, the money will be refunded per the refund schedule on the back of this form.

Method of original payment:  ☐ Check    ☐ Cash    ☐ Bruin Card    ☐ Credit Card    ☐ Payroll Deduction

☐ VISA    ☐ MASTERCARD    ☐ DISCOVER    ☐ AMERICAN EXPRESS

(provide your credit card number): ___________/__________/_________/_________ Exp: _______/_______

Reason for Request (REQUIRED):

__________________________________________________________________________

Refund Schedule:

Refunds for services originally paid with a credit card or Bruin Card normally post within 72 hours of processing. Check, Cash or Online Debit payments are processed through UCLA General Accounting and a check will be mailed to the address above within 4-6 weeks.

I have read the policies on the back of this form and certify that all information above is correct.

__________________________________________________________________________

Signature

↓ Important Information on Back ↓
Youth Programs  Refund/Transfer Request Form

POLICIES for Refunds, Transfers, Credits, Drops & Payroll Deduction

Cancellation

Notification of all refund denials will be sent to the email address provided on the front of this form.

All refund requests must be submitted in writing and received by UCLA Recreation by the dates listed below.

<table>
<thead>
<tr>
<th>Refund Amount</th>
<th>Request Must be Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>By April 15th</td>
</tr>
<tr>
<td>75%</td>
<td>April 16th – May 15th</td>
</tr>
<tr>
<td>50%</td>
<td>After May 15: No later than 10 business days before purchased session begins.</td>
</tr>
<tr>
<td>25%</td>
<td>Within 10 business days of purchased session: No refund after the first Monday of session or week.</td>
</tr>
</tbody>
</table>

If UCLA Recreation cancels a program, a full refund will be issued.

REFUNDS: Camp fees paid by credit card will be credited immediately upon approval by UCLA Recreation. Purchases made by check or cash will be refunded by check within six to eight weeks after approval by UCLA Recreation. Refunds will be made only to the original payee or credit card holder.

PAYROLL DEDUCTION: Any refund of camp fees will not be processed until the after final payroll deduction is made. The parent or guardian’s signature on the registration form indicates understanding of all registration and refund policies and agreement to abide by them.

OFFICE USE ONLY:

☐ APPROVED

☐ DENIED

% REFUND: ________%

Reason: ____________________________

Cancel PRD: ___Yes ___No

REFUND AMT: $________

Cancel membership: ___Yes ___No

AMT OWED: $________

Notes _________________________________________________________________________________________________
____________________________________________________________________________________________________

Authorized Signature:________________________________________ Date:__________________________

PRD/Check Request Processor Only

PRD Cancelled ☐ Date Cancelled__________

Receipt# ____________ Initials __________ Date ____________ Log#________

PAC # (if applicable): 3730 X ________________

Tender: ☐ Credit Card ☐ Petty Cash ☐ Check (send to processor)