

| |
|-----------------|
| OFFICE USE ONLY |
| # _____ |
| Date: _____ |
| Time: _____ |
| Init: _____ |

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 | Today's Date (mm/dd/yyyy) | Time (hh:mm am/pm) |
| Child's Name | | | |
| Student/Staff ID or Rec card # | Email Address (Required) | | |
| Home Address | | | |
| City, State and ZIP Code | | | |
| Daytime Phone Number () | Home Phone Number () | | |

This request applies to:

Membership Locker Fitness Pass BHIP Continuation Other _____

| Refund/Transfer out of: | | | Transfer into (if applicable): | | |
|-------------------------|--------------|---------------|--|-----------------|---------------|
| Camp/Class | Week/Session | Original Cost | Camp/Class | Week/Session | Original Cost |
| 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: \$ _____ | | | <input type="checkbox"/> 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 first and last four digits of your credit card number): _____ / X X X X / X X X X / _____ 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

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.

| Refund Amount | Request Must be Received |
|---------------|--|
| 90% | Before March 31 st |
| 75% | April 1 st - 30 th |
| 50% | After May 1: No later than 15 business days before purchased session begins. |
| 25% | Within 15 business days of purchased session: No refund after the first Monday of session or week. |

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 on Aug.1. The parent or guardian's signature on the registration form indicates understanding of all registration and refund policies and agreement to abide by them.

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|--|---|-----------------|---------------------|-----------------|---------------------|---------------|-----------------|---------------------|----------|----------|----------|--------------------|----------------------|----------|----------|----------|----------------|---------------------|----------|----------|----------|------------------------|----------------------|----------|----------|----------|----------|-----------------------|----------|----------|----------|--------------|--|--|--|-----------------|
| <input type="checkbox"/> APPROVED Cancel PRD: ___ Yes ___ No Cancel membership: ___ Yes ___ No | <input type="checkbox"/> DENIED Reason: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| % REFUND: _____% REFUND AMT: \$ _____ AMT OWED: \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Refund Item:</th> <th style="text-align: left;">Account/Fund/Proj</th> <th style="text-align: left;">Original Amount</th> <th style="text-align: left;">Less Processing Fee</th> <th style="text-align: left;">Refund Amount</th> </tr> </thead> <tbody> <tr> <td>1. Summer Camps</td> <td>266158-66158- _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>2. Bruin Swim Club</td> <td>266476-66460- JRSWIM</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>3. UAS Classes</td> <td>266158-66158- YFUAS</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>4. Lab School Programs</td> <td>266158-66158- LABSCL</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>5. Other</td> <td>_____ - _____ - _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL</td> <td>\$ _____</td> </tr> </tbody> </table> | | Refund Item: | Account/Fund/Proj | Original Amount | Less Processing Fee | Refund Amount | 1. Summer Camps | 266158-66158- _____ | \$ _____ | \$ _____ | \$ _____ | 2. Bruin Swim Club | 266476-66460- JRSWIM | \$ _____ | \$ _____ | \$ _____ | 3. UAS Classes | 266158-66158- YFUAS | \$ _____ | \$ _____ | \$ _____ | 4. Lab School Programs | 266158-66158- LABSCL | \$ _____ | \$ _____ | \$ _____ | 5. Other | _____ - _____ - _____ | \$ _____ | \$ _____ | \$ _____ | TOTAL | | | | \$ _____ |
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| 3. UAS Classes | 266158-66158- YFUAS | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Lab School Programs | 266158-66158- LABSCL | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Other | _____ - _____ - _____ | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRD/Check Request Processor Only PRD Cancelled <input type="checkbox"/> Date Cancelled _____ PAC # (if applicable): 3730 X _____ | Cashier Use Only Receipt# _____ Initials _____ Date _____ Tender: <input type="checkbox"/> Credit Card <input type="checkbox"/> Petty Cash <input type="checkbox"/> Check (send to processor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |