



## REQUEST FOR CLASS WITHDRAWAL / REFUND FORM

Name of Requestor:	Name of Participant:
Activity Title:	Activity #:
Phone Number:	Number of Classes Attended:
Amount Paid:	Start Date:
Reason for Withdrawal / Refund: <input type="checkbox"/> Medical (Attach Verification) <input type="checkbox"/> Not satisfied with Class (Explain Below) <input type="checkbox"/> Moved (List New Address Below) <input type="checkbox"/> Not satisfied with Instructor (Explain Below) <input type="checkbox"/> Schedule Conflict (Explain Below) <input type="checkbox"/> Other (Explain Below)	
Explanation:	

### ARTS EDUCATION PROGRAM'S REFUND POLICY:

- This form must be completed to initiate the withdrawal and/or refund process.
- Full refunds will only be approved if requested no later than 5 business days prior to the start of class, or a class is cancelled by the Grand Theatre Center for the Arts.
- Prorated refunds will be issued if initiated within the first week of class.
- Refunds will not be issued if the request is not received/initiated before the second date of class.
- Refunds will not be issued after the completion of any class.
- Lab Fees are non-refundable.
- All withdrawals and refunds will be charged a non-refundable \$5 administrative transaction fee.
- Submission of this form does not guarantee you will receive refund.
- Please allow 2-3 weeks for processing refund checks.
- Charge card payments will be credited back to the charge account within 5 business days.
- All approved refund requests **under \$20 will be credited back to your account.**

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Staff Use Only

Program Supervisor Signature:	Credit or Refund <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:	