



REFUND OR CREDIT APPLICATION FORM

Name _____

Child Name _____

Years of Membership _____

Volunteer Hours _____

Reason for application (brief description). _____

You must be prepared to provide the following documentation to support this application.

1. This form signed and returned
2. Medical certificates if considered a part of this application

Have you received a copy of the Complaint Management Procedures?

Please circle YES or NO

Have you received a copy of the Payment, Refund and Late Payment Policy?

Please circle YES or NO

Signed by _____

Full Name _____

Date _____

Please return this document to reception or email to info@mwgymclub.com