



# BOYS & GIRLS CLUB OF KENOSHA

## Refund Request Form

Today's Date: \_\_\_\_\_

Participant Information:  
This information is required.

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent or Guardian Information:

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Program Refund is Requested for: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

Please Note: Once a request has been made it will be reviewed to determine if the fees will be refunded. You may be contacted if further information is required. Refunds will take 2-3 weeks to be processed at which time a check will be mailed to the address you have provided. All refunds are subject to a \$3.00 processing fee.

---

For office use only:

Approve by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Entered in MTS by: \_\_\_\_\_ Date: \_\_\_\_\_

Dated Check issued: \_\_\_\_\_