Medina Community Recreation Center
855 Weymouth Road
Medina, Ohio 44256
330-721-6900 Fax: 330-721-6905

MCRC Refund/Transfer Request Form

The MCRC maintains a NO REFUND POLICY. In order to be considered for a refund or transfer, please complete the following information and submit this form to the MCRC Front Desk. The completion of this form does not entitle you to a refund or transfer. Refund/transfer requests are handled on a case-by-case basis and will be reviewed by the MCRC Administrative Staff. For programs, all Refund/Transfer Request Forms must be submitted at least one week prior to the class start date. Program refunds/transfers for extenuating circumstances (medical reasons with a Doctor's note) may be assessed a $5 administrative processing fee. Membership Refunds may be assessed a $20 administrative processing fee. You will be notified of the status of your Refund/Transfer Request within 5-10 business days. If your request is denied, you may appeal this decision by submitting a written request for consideration to the Medina Board of Control, Office of the Mayor. Please Attach Doctor's note or verification of new address.

Refund/Transfer Information

PROGRAMS Please Select:

❒ Refund ID# _____ Program Name: _____

❒ Transfer from ID#_____ to ID#_____ Program Name: _____

MEMBERSHIP

Membership Type: _____ Date of Purchase: _____

OTHER

Refund Description: _____ Date of Purchase: _____

REFUND REQUEST AMOUNT

Original Amount Paid: _____ Amount Requested: _____

Original Method of Payment: ❒ Cash/Check ❒ Mastercard/Visa/ Discover/ Amex

REASON FOR REFUND REQUEST (use back if necessary): _____

_____

Participant and Payee Information

Participant Name: _____
Last Name First Name Middle Initial

Payee Name: _____
Last Name First Name Middle Initial

Payee Address: _____
Street City State Zip

Home Phone: _____ E-Mail: _____

Payee Signature: _____

OFFICE USE ONLY

Today's Date: _____ Request Received By: _____

Administrative Staff Initials:_____ ❑ Approved ❑ Not Approved

Amount Approved: $_____ Refund by: ❑ Account Credit ❑ Check ❑ Credit Card

Center Director Initials:_____ ❑ Approved ❑ Not Approved

Payee Notified On: _____ By: _____ ❑ Entered in Class by _____ ❑ Processing Fee: $_____

Notes: _____

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