

Medina Recreation Center 855 Weymouth Rd., Medina OH 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 Reguest 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 Informa	ntion			
PROGRAMS				
Program Name:				
MEMBERSHIP				
Membership Type: OTHER Refund Description:		_ Date of Purchase:		
		_ Date of Purchase:	Date of Purchase:	
REFUND REQUEST AMOU Original Amount Paid: Original Method of Paymen		Amount Requested Mastercard/Visa/ Disco	d: over/ Amex	
REASON FOR REFUND R	EQUEST (use back if neces	sary):		
Participant and Payee In	formation			
Participant Name:	Last Name	First Name		Middle Initial
Payee Name:	t Name	First Name	Middle	e Initial
Payee Address:	Street	City	State	Zip
Home Phone:		•		·
Payee Signature:				
		ICE USE ONLY		
Гoday's Date:	Request Received By:			
			Approved □ Not A	
Administrative Staff Initials:				
Administrative Staff Initials: Amount Approved: \$	Refund		Check □ Cr	edit Card