



REASON FOR REQUEST	DATE

PARENT/GUARDIAN		Phone
FIRST Name	LAST Name	
Email	Address	State, Zip Code

SKATER		DOB
FIRST Name	LAST Name	Class Amount \$
Current Class	Day	# Of Remaining Classes

**IMPORTANT INFORMATION**

1. A completed "Refund Request Form" must be filled out by the fifth (5<sup>th</sup>) week of the currently enrolled Skating School Semester. **Any refund or credit request beyond that time frame will not be accepted – NO EXCEPTIONS.** Current Class Card(s) must be remitted along with the "Refund Request Form".
2. **The refund or credit will be issued based on the date the "Refund Request Form" and Class Card(s) are remitted.** The refund or credit will be issued for the **remainder** of classes – any unused or missed classes before the refund request date and Ice Skating Institute (ISI) registration fees will not be considered for a refund or credit.
3. A **\$25.00 processing fee** will be assessed per refund request.
4. If you have met the criteria and are eligible for a refund, refunds are issued by company check regardless of payment method.
5. Please allow 4 – 6 weeks to process your request.

Signature	Print Name	Date
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FOR OFFICE USE ONLY	
Filled Out By	Date Processed
Remaining Class Amount: \$	REFUND TOTAL - \$25 Processing Fee: \$