



16318 Great Oaks Drive • Round Rock, Texas 78681

Phone (512) 255-7871 • FAX (888) 843-7326

Email: CustomerService@bcmud.org • Website: www.bcmud.org

PRO-RATE / REFUND REQUEST Recreation

Parent / Guardian Name:

Name: _____ Email: _____
Address: _____ City: _____ Zip: _____
Main Phone: _____ Alt Phone: _____

Participant

First Name: _____ Last Name: _____
Course Name: _____ Fee: _____

Reason

- Changed Mind Relocating Course Canceled
 Course Conflict Personal Schedule Conflict Injury / Sickness
 Other

Pro-Rate

Total Course Sessions: _____ Total Sessions Attending: _____

Signature: _____ Date: _____

Please Note:

- Request must be submitted seven (7) days prior to course begin date. Please allow up to ten (10) days for refund to be processed.

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For Staff Use Only

Received By: _____ Date: _____

Approved By: _____ Date: _____

Completed By: _____ Date: _____

Amount: _____ Credit Card Check

Notes: _____