



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## PROGRAM WITHDRAWAL FORM

**\*Please read the Henry County YMCA Refund Policy\***

<b>Name of Participant:</b>	<b>Name of Parent/Guardian:</b>
<b>Address:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Program/Sport Withdrawing From:</b>
<b>Reason For Withdrawal:</b> <input type="checkbox"/> Practice/Game Times <input type="checkbox"/> Relocation <input type="checkbox"/> Unable To Attend <input type="checkbox"/> Too Many Commitments <input type="checkbox"/> Financial <input type="checkbox"/> Dissatisfaction <input type="checkbox"/> Medical/Injury <input type="checkbox"/> Other (please specify) _____	
<b>Additional Comments:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>BUSINESS OFFICE USE ONLY: Account Credit Issued</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Director/Coordinator Notified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staff Initials:</b>	