

SEASON PASS REFUND REQUEST



Name _____ Date _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Email _____ Staff Initials _____

Please check the box that applies:

- Payment Refunded Transfer Pass to another person for current season Extend Pass to next season Other (explain below)

Reason for Refund Request: _____

Signature _____ Print Name _____

PLEASE ATTACHED ANY DOCUMENTS RELATED TO THIS SITUATION (Doctor's Note, Proof of Prurchase, etc.)

Documents are attached. Type: _____

Office Use:

Manager: _____

Action Taken: _____

Date Customer Notified: _____