

CREDIT REQUEST

YMCA OF GLOUCESTER COUNTY
235 East Red Bank Avenue
Woodbury, NJ 08096
PHONE: (856) 845-0720
FAX: (856) 845-2617
WEBSITE: www.ymcagloco.org

MEMBERSHIP INFORMATION

Name of Participant _____ MID# _____
Address _____
Email Address _____ (Email for quicker notification)
Phone Number _____
Class Day & Time _____

Credits will be issued when request for credit is made 4 business days BEFORE the 1st class is held OR half the current session is missed due to illness. A Doctor's note verifying dates unable to attend MUST accompany the request. Credit requests must be made within 1 week after the session ends. Credits are to be used for programs only. There is an \$8.00 processing fee. All Credits expire 6 months from issue date.

Member's Signature _____ Date _____

OFFICE USE ONLY

PCS Code _____ Date Paid _____
of classes in session/ Fee Paid _____
#of classes missed _____
Reason for Credit _____
Staff Initials _____

ACCOUNTING INFORMATION

Director's Signature _____ Fee Paid _____
(Date) Less Deductions _____
General Director's Processing Fee \$8.00
Signature _____ Total Credit _____
(Date)