



## Refund Request

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher: \_\_\_\_\_

Event/Purchase: \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_

Amount Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Credit Memo# \_\_\_\_\_

Amount of Refund \$ \_\_\_\_\_ Check # \_\_\_\_\_ Refund by CC \_\_\_\_\_ Date: \_\_\_\_\_

*"Transforming lives through movement and creative expression."*

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