



FALL Refund Form

GCYSC

P.O. Box 1311

Nederland, TX. 77627

Email to: registrar@gcysc.com

Refund Policy- Written request for withdrawal before July 15th at 100%, written request between July 15th – August 1st at 50%, between August 1st and August 15th at 25% and after August 15th 0%.

***Gulf Coast will deduct a \$10 bank processing fee on all refunds**

Refund Request Date: _____

Child's Name: _____

Birth date: _____

Parent's Name: _____

Phone number _____

Email address: _____

Address: _____

City: _____ State: _____ Zip code: _____

OFFICIAL USE	
Amount paid: _____	date request received: _____
Amount repaid: _____	date sent: _____
<input type="checkbox"/> Copy of receipt	Check Number: _____
<input type="checkbox"/> Copy of registration	