Refund Request Form – Live Courses
This form is to be used for live course registrations only. No refunds are given for online courses. Refund requests must be received by USA Gymnastics within 30 days following the course. Refunds will be processed in the same form payment was received.

Registration Information
Name of course registrant: _______________________ USAG #: ____________
Address: __________________________________________
City: __________________ State: _______ Zip: ____________
Phone: __________________ Email: __________________

Course Information
Course:  ☐ U101 Safety/Risk Management (live course)
        ☐ R102 Preschool Fundamentals: Hands on Training (HOTPS)
        ☐ R103 School Age: Hands on Training (HOTSA)
        ☐ W200 Development Coaches Course: Hands on Training (HOTD)
        ☐ Other: __________________

Course Code: ____________________________

Payment Information
☐ Check if same as above, otherwise complete the information below
Name of Payee: _______________________ USAG #: ____________
Address: __________________________________________
City: __________________ State: _______ Zip: ____________
Phone: __________________ Email: __________________

Refund Options (please select one option from the choices below)
☐ Please cancel my course registration and refund the registration amount minus a 25% processing fee. (*Please note: Memberships are non-refundable. Refunds are given for course registration fees only.)
☐ Safety course only: Please cancel my live course registration, because I would prefer to take the online course. A $5 processing fee will apply.
(Complete your online course registration prior to submitting this form.)

I acknowledge that the registrant indicated above will no longer be attending this course/did not attend this course. A refund is requested and it is understood that the refund amount is the registration cost less the refund processing fee. All refunds will be processed to the payee using the original form of payment. Please return this form to USA Gymnastics at the address, email or fax number below and allow 3-4 weeks for processing.

Signature of course registrant: _______________________ Date: ____________
Signature of payee: _______________________ Date: ____________

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