



WVU Swim Clinic Refund Request Form

Thank you for contacting us regarding your refund request. Please complete the form below to help us process your request as quickly as possible.

Participant Information

- Participant Name: _____
- Registrant Name (if different): _____
- Email Address: _____
- Phone Number: _____
- Clinic Scheduled Date: _____
- Order ID _____

Refund Request Details

- Reason for Refund Request: (Please check one)
 - ☐ Medical Reasons: Illness or injury preventing participation (documentation required if applicable).
 - ☐ Scheduling Conflict: Overlapping commitments or unexpected changes in personal schedule.
 - ☐ Travel or Weather Issues: Inclement weather or unforeseen disruptions affecting travel plans.
 - ☐ Family Emergency: Urgent personal or family matters requiring immediate attention.
 - ☐ Financial Constraints: Changes in financial circumstances making attendance unfeasible.
 - ☐ Event Rescheduled: Unable to attend due to the event being postponed or rescheduled.
 - Other (Please specify): _____
- Preferred Resolution: (Please check one)
 - ☐ Refund
 - ☐ Credit
- ☐ Comments _____

Terms and Conditions

By submitting this form, I acknowledge that I have read and understand the refund policy outlined by WVU Swim Clinic. I understand that refunds are subject to processing fees and are not guaranteed if the request falls outside the established notification period.

Signature: _____

Date: _____

Submission Instructions

Please submit the completed form and any supporting documents via email to:
wwuswimclinic@gmail.com