



# REFUND GOLF CARDS

<input type="radio"/> <b>UNLIMITED</b> START DATE: END DATE:	<input type="radio"/> <b>KACHINA</b> START DATE: END DATE:	<input type="radio"/> <b>TWILIGHT</b> START DATE: END DATE:	<input type="radio"/> <b>COYOTE</b> START DATE: END DATE:
OWNER NAME/ADDRESS/PHONE NUMBER		OWNER NUMBER	

**REASON FOR REFUND -- See attached Doctor's letter**

**(PLEASE NOTE THAT YOUR GOLF CARD WILL BE DEACTIVATED IMMEDIATELY)**

**YES**

**NO**

***I understand this refund for golf is an exception.***

***Policy Title: Refunding Prepaid Golf Cards, G01***

***A refund request can be made by submitting the refund request form, if one of the following criteria is met:***

***2.1.1 Death of the cardholder***

***2.1.2 A physician's order stating the cardholder cannot continue to play golf***

**OWNER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**

**MEMBERSHIP SPECIALIST: \_\_\_\_\_**

**2.0 Refund:**

2.2 The amount of refund on a golf card shall be calculated based upon the number of rounds actually played by the Member. Each round shall be valued at the actual daily resident fee, based on the date and time played during the active period of the card. The cost of each round played shall be totaled and that amount subtracted from the original cost of the card. An administrative fee as approved by the RCSCW Governing Board shall be applied to the refund. The remaining amount shall comprise the refund amount.