



**New Wilmington Mission Conference**  
**229 South Market Street**  
**New Wilmington, PA 16142**

**Refund Policy**

A Mission Conference Refund Request Form must be completed for each individual requesting a refund (available online at <http://nwmcmmission.org/nwmc-2018/2018-forms>). These forms must be submitted in writing to the conference office at the address above.

All approved refunds are paid by check to the person listed on the Refund Request Form.

**If Refund Request Form is**

If original fee was paid by	Submitted from October 1 to May 31	Submitted from June 1 to July 19	Submitted from July 20 to July 27	Submitted after July 27
Cash or Check	Refund: Full Amount	Refund: Balance of fees - \$100	Missed 6,7, or 8 Days Refund 60% of fees Missed 3, 4, or 5 Days Refund 40% of fees	No Refund
Credit Card	Refund: Balance of fees – 3.9% of fee + \$2	Refund: Balance of fee – 3.9% of fees + \$102	Missed 6,7, or 8 Days Refund 63.9% of fees + \$2 Missed 3, 4, or 5 Days Refund 43.9% of fees + \$2	
Refund will be issued	Within 30 days of receipt of refund request form		Between August 1 and August 15	

*Please Print:*

Participant's Name: \_\_\_\_\_

Church: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Best Phone Number to Contact: \_\_\_\_\_ Number of Days Missed: \_\_\_\_\_

Reason for Refund:

Medical  Job  Family  Other

Explanation of Request:

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

Check to be made out to: \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

*If participant is under the age of 18*

Date Received: \_\_\_\_\_  Approved  Denied  Notified Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_