



Annual Membership Refund or Transfer Request

8300 McKinney Drive – Frisco, TX 75034 – 972-292-6550 – PlayFrisco.org



Member Name (please print): _____

Phone: _____ Email: _____

Please choose one of the following options:

- Refund (please state reason): _____
- Transfer to:

Name: _____ Phone: _____ Email: _____

Annual Membership Transfers

Annual memberships are transferable. Annual members may transfer their pass to another individual or family. If the receiving party is classified as a nonresident, the receiving party will be required to pay the difference between the resident annual fee and the nonresident annual fee for the remaining portion of the annual membership. If a nonresident annual member is transferring their annual pass to a resident of the City of Frisco, there is no refund for the price difference.

Annual Membership Passes - 30-Day Opt-Out Period

Annual members have 30 days from the date of purchase to request an annual membership refund without incurring a withdrawal fee. One month, based on the monthly membership rate, will be deducted from the amount originally paid.

Annual Membership Refund Policy

Annual memberships may be refunded at a prorated amount based on the number of months that have elapsed since the membership was purchased and calculated at the monthly membership rate. An administrative processing fee of \$5 will be assessed on all annual membership refunds after 30 days. No refunds will be given on expired annual memberships or for unused time passed in the membership period prior to the date the refund request is received.

All refunds will be issued in the form of a check, which may take approximately 4-6 weeks to arrive. All refund checks will be mailed. Refunds on payments made by check will be held 30 days past the initial purchase date before being submitted for processing.

All account credits and refunds are subject to approval by the Parks & Recreation Department and the applicable proration and processing fees. Under no circumstances will a cash refund be provided.

I have read and understand the refund policy stated above.

Member Signature

Date



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FOR STAFF USE ONLY

Request received by: _____ Date: _____

Circle One:

Original Method of Payment for Membership: Cash Check Credit Card

Original Date Paid: _____

Circle One:

Has the request been approved? Yes No

Has Perfect Mind been updated? Yes No

Credit/Refund amount given: _____

Manager Signature: _____ Date Approved: _____

Comments:
