



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Insurance Reimbursement Letter Request

Date: _____

YMCA Branch: **Pittsfield** **Northern Berkshire**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dates Requested:

Beginning Date: _____

Ending Date: _____

When complete:

- Please mail the letter to me at the above address.
- I will pick it up at the Welcome Center.

Please allow 5 business days for processing. Thank you.

BERKSHIRE FAMILY YMCA: www.berkshirefamilyymca.org

Pittsfield (Corporate Office): 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F:** 413-443-6791

Northern Berkshire: 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529