

**REFUND  
REQUEST FORM**

**Parks & Recreation**

Primary Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Program/Activity Number: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Reason for request: \_\_\_\_\_

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

**POLICY:** Due to costs associated with operating each program, we rely on a minimum enrollment to hold classes. Please understand that we cannot issue refunds (except for medical reasons, upon receipt of a physician's note) less than seven days prior to the start of a program. Refunds for cancellations made more than seven days prior to the start of a program are issued, but a \$5.00 processing fee is charged.

**How would you like your refund (if money is owed to you) processed?**

- Check mailed from Finance Dept. (3-4 weeks)
- Refund credit card on file
- Credit household account

*Signature of requesting person* \_\_\_\_\_

**FOR OFFICE USE ONLY**

Recommendation: Approve Deny

Reason for Denial: \_\_\_\_\_

Activity # \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Program Supervisor Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: _____
Date: _____
Time: _____