



# Mansfield Community Center

*Family, Fitness & Fun*

Mansfield Community Center \* 10 South Eagleville Road \* Storrs/Mansfield, CT 06268  
860-429-3015 \* Fax 860-429-9773 \* [www.mansfieldct.org](http://www.mansfieldct.org)

## ACTIVITY REFUND REQUEST FORM

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

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

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

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

\_\_\_\_\_

Program: \_\_\_\_\_

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

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

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

**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) within seven days of 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?

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

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**FOR OFFICE USE ONLY**

Request Granted: YES NO Activity # \_\_\_\_\_

Reason Not Granted: \_\_\_\_\_

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

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

Received by: _____
Date: _____
Time: _____