Refund Request Form

Participants Name: _____ **Program:** _____

Account Contact: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Reason for Refund: ☐ **Medical – Accident/Illness** ☐ **Moving**

☐ **Schedule Conflict** ☐ **Class Canceled (Full Refund)**

☐ **Other** _____

Participants Written Request for Refund: _____
_____
_____
_____

Note: If payment was made with cash or check, please allow 4-6 weeks for refund check to be sent in the mail.

****** FOR OFFICE USE ONLY (Coordinator to Complete Shaded Area& attach receipt) ******

Received By: _____ Date: _____

Program Title: _____ Start Date_____

Payer Name: _____ Payer Address: _____
_____

Fee Paid: _____ Payment type: _____

Charges to be assessed: ☐ **10% Service Charge** ☐ **50% Charge**

☐ **Other** _____

☐ **Request Approved for** $_____

☐ **Request Denied** **Reason:** _____

Reviewed: _____ **Coordinator Initials:**_____
Parks and Recreation Director