



REFUND REQUEST

Name:	
Full Address:	
Home Phone:	Cell Phone:
Email:	
Participant Name(s):	
Program(s) Name Refund is Requested:	
Reason for Refund:	

Signature: _____ Date: _____

**Note: Refunds for medical reasons may require a doctor's note.*

Office Use Only

Amount Paid: \$ _____ Processing Fee: \$ _____ Date: _____
(minimum processing fee is \$10 for programs; \$50 for camps; \$200 Teen Travel)

Refund Amount Approved: \$ _____ Approved by: _____
Superintendent of Recreation & Parks

Notes: _____