



## 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.*

<b>Office Use Only</b>		
Amount Paid: \$ _____	Processing Fee: \$ _____	Date: _____
(minimum processing fee is \$10 for programs; \$50 for camps; \$200 Teen Travel)		
Refund Amount Approved: \$ _____	Approved by: _____	
<i>Superintendent of Recreation &amp; Parks</i>		
Notes: _____		