



Parks, Recreation and Neighborhood Services Department  
**REFUND REQUEST FORM**

*This form must be completed, signed and submitted more than seven (7) days prior to the start of the class, event, activity, rental, or program.*

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Activity Course Code: \_\_\_\_\_ Activity Name: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Refund Request Amount: \$ \_\_\_\_\_

*Refunds for less than \$10.00 will be issued as a Credit Voucher only.*

Reservation #: \_\_\_\_\_ Reservation Start Date: \_\_\_\_\_

**Reason for Refund Request**

- (CANCL) Class, event, activity, rental or program was cancelled
- (CONF) Schedule or other conflict
- (ILL) Illness
- (LIKE) Not happy with the program. Why? \_\_\_\_\_
- (MIND) Decided not to participate / changed mind
- (MOVED) Moving/moved out of the area
- (OTHER) \_\_\_\_\_

**Refund Type Requested** (Please choose one.)

- Check (up to 4 weeks to receive)
- RecTrac Course Transfer Cost \$ \_\_\_\_\_
- Credit Card Refund New Activity Course Code: \_\_\_\_\_
- Credit Voucher New Reservation #: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant or Parent/Guardian for Minors*

\_\_\_\_\_  
*Date*

**Approved refunds take approximately 2 to 4 weeks to process. No cash refunds will be issued.  
 Refunds will only be issued to the primary account holder. Return completed form to front desk staff.**

**Staff Use Only**

Refund Amount Requested: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_

Original Receipt Date: \_\_\_\_\_ Original Receipt Number: \_\_\_\_\_

Membership ID Card Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Site Staff Name (PRINT): \_\_\_\_\_ Facility: \_\_\_\_\_

Request DENIED Reason: \_\_\_\_\_

Request APPROVED

Refund Amount: \$ \_\_\_\_\_ Refund Type:  Check  Credit Card  Voucher  Transfer

Reviewer's Name (PRINT): \_\_\_\_\_ Title: \_\_\_\_\_

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

Manager Name (PRINT): \_\_\_\_\_

Manager Review Date: \_\_\_\_\_ Signature: \_\_\_\_\_