

REFUND/TRANSFER/ACCOUNT CREDIT REQUEST

REFUND TRANSFER

ACCOUNT CREDIT

Primary Contact/Payer Nat	ne:		
Address:			
City:	Zip:	Phone:	
Participant Name:			
I wish to request a refund/ti	cansfer for the following program(s)):	
Program:	Code #:	Fee: _	
Program:	Code #	: Fee: _	
I wish to transfer into the fo	ollowing program:		
		Fee: _	

Refund Policy

Data

- All requests for refunds/transfers/account credits must be submitted in person two business days prior to the first class meeting or practice of program. Trips required reservations weeks ahead of time and therefore do not allow us to refund. Please see staff for individual trip policies. REACH and Summer Day Camp have their own specific refund policy. The date you request to get a refund/transfer/account credit is the day you fill out this form and submit it to our office.
- Individuals requesting refunds with two or more business days notice prior to the first class, meeting or practice will receive a 100% refund less \$10 for administrative costs. Transfers and account credits are done with no administrative fee charged as long as two business day notice is given.
- Certain programs may have a registration deadline where a refund is not possible after the deadline. No refunds/transfers/account credits will be issued for any programs after the first meeting of a program, unless a physician's excuse is presented. Refunds requested for medical reasons will be prorated from the time the request is received.
- A refund for programs that cost less than \$15 can be applied to another class or as a family credit for use on a future program for any member of your family.

Signature:	
Office Use Only:	Program Fee:
□ APPROVED	Service Charge:
□ DENIED	Total Refund Amount:
Completed on:by:	
Recreation Manager	
Supervisor Notes:Continue on back if necessary	