



Refund Request Form

- Full refunds will be issued for programs that are full or cancelled by the department, if a change in day, time or location prohibits participant's attendance, or if participant withdraws prior to the first class meeting. If a participant wished to withdraw from a class/program after the first meeting date, they must do so within two business days, and their refund is subject to a \$5 processing fee.
- Refund requests will not be considered once a program has ended.
- Refund requests may be considered on a case by case basis.
- Refunds may take up to four weeks to process.

Check made payable to (Name): _____

Address: _____

City: _____ Zip: _____

Participant Name: _____

Activity Name: _____

Activity Code: _____ Fee: \$ _____

Reason for refund:

Medical/illness prior to first class meeting Personal conflict prior to first class meeting

Other prior to first class meeting (please explain): _____

Unsatisfied with class Medical/illness personal conflict

Other (please explain): _____

Comments: _____

Signature: _____ Date: _____

For Department Use Only:

class did not meet minimum class rescheduled class full instructor cancellation

Approved Denied Date: _____

By: _____

Amount of Refund: \$ _____