



For Office Use Only

Received: _____

Staff: _____ Date: _____

www.KingWilliamREC.com
 P.O. BOX 215, King William, VA 23086
 (804) 769-4981 or (804) 769-4923
 Fax: (804) 769-4964

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 wishes 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: \$ _____