CITY OF SPARKS **Received By_____**

PARKS AND RECREATION DEPARTMENT **Date_____**

PROGRAM REFUND/CREDIT/REQUEST **Time_____**

Fax number 353-2401

- ❑ **Refund Check**
- ❑ **Credit Card Credit (card number_____exp._____)**
- ❑ **Household Credit (must be provided)**

- **Completion of this form does not guarantee a request will be approved. All requests must go through an approval process.**
- In order to expedite the processing of a request, please provide original program receipt.
- Requests for credits/refunds must be received the business day prior to the session start date. Exceptions may be made for a verified medical problem. Verification must be attached.
- Applications for credits/refunds of team rostered programs must be received one week prior to date schedules become available.
- Full refunds will be given if a program is canceled.
- Refund checks may take 2 to 4 weeks to process.

PLEASE PRINT

Name of participant_____

Check payable to_____

Mailing Address_____

Day phone_____ Evening phone_____

Program _____ Program Site _____

Program Date/Session #_____

Reason for request_____

_____

_____

_____

I have read and understand the above listed guidelines. I understand that this is a request only and approval is not guaranteed.

_____

Requestor's Signature Date

Program Supervisor: **Approved** ❑ **Denied** ❑

_____

Recreation Supervisor _____ **Date** _____

Type of Refund/Credit_____ Refund/Credit Amount $_____

Comments:_____

_____

_____

Recreation Superintendent **Date**

revised 2/4/09