



## REQUEST FOR CLASS / ACTIVITY WITHDRAWAL

Name of Requestor:		Name of Participant:	
Contact Phone Number:		How many classes did the participant attend:	
Activity Title:	Activity #:	Amount Paid:	Start Date:
Reason: <input type="checkbox"/> Medical (Attach Verification) <input type="checkbox"/> Not Satisfied With Class (Explain Below) <input type="checkbox"/> Moved (List New Address Below) <input type="checkbox"/> Not Satisfied With Instructor (Explain Below) <input type="checkbox"/> Schedule Conflict (Explain Below) <input type="checkbox"/> Other (Explain Below)			
Withdrawal Requests: <input type="checkbox"/> I would like to request that the funds be credited to my Parks & Community Services account. <input type="checkbox"/> I would like to request that I receive a refund. <i>(All refunds will be charged an additional \$5 transaction fee.)</i>			
Explanation:			

**REFUND POLICY:**

- This form must be completed to initiate the transfer, withdrawal and/or refund process.
- Refunds will be approved if the class was cancelled by the instructor or the Department or if initiated no later than 5 business days prior to the first day of the activity.
- Lab materials are non-refundable.
- You may receive a pro-rated refund if the participant has attended any of the classes.
- A \$5 transaction fee will be applied to each of the following transactions: transfers, withdrawals, refunds.
- Please allow 2-3 weeks for processing refund checks.
- Charge card payments will be credited back to the charge account within 5 business days.
- All approved withdrawal requests under \$15 will only be credited to your Parks & Community Services account.

**SATISFACTION GUARANTEE:** The Parks and Community Services Department offers a satisfaction guarantee on all classes and programs. While participating in a class or program, should you have concerns about the quality of service you are receiving, please contact the Recreation Supervisor at 831-6200.

*I have read and understand the above refund policy and acknowledge that submission of this form does not guarantee I will receive a credit/refund.*

**X** Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only**

Program Supervisor Signature:	<b>CREDIT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA <b>REFUND:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA
Comments:	