

BALBOA SPORTS CENTER

Refund Request

1. Name of person making request: _____ Date Requested: _____

2. Participant's Name: _____ Home Phone # _____

3. **SEND REFUND TO PAYEE:**

Payee Name: _____

Address: _____ City: _____ Zip: _____

4. **PROGRAM ENROLLED IN:**

<u>SPORTS LEAGUES</u>		
<u>Sports</u>	<u>Division</u>	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Tiny Mite	<input type="checkbox"/> Mighty Mite
<input type="checkbox"/> Basketball	<input type="checkbox"/> Rookie	<input type="checkbox"/> Minor
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Major	<input type="checkbox"/> Junior
<input type="checkbox"/> Soccer	<input type="checkbox"/> Girls	<input type="checkbox"/> Coed

<u>DAY CAMPS</u>
<input type="checkbox"/> Winter Camp
<input type="checkbox"/> Spring Camp
<input type="checkbox"/> Games Camp (5-10)
<input type="checkbox"/> Travel Camp (11-14)
Weeks: (Circle): 1 2 3 4 5 6 7 8 9 10

<u>CLASSES:</u> Name of Class: _____
Class meets on: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

5. **REASON FOR REQUEST:**

I may be entitled to Full or Partial refund. I understand that the refund check will be sent through the mail to the payee listed on the receipt, and will come from the City of Los Angeles Department of Recreation & Parks and may take up to 8 to 10 weeks to receive.

Print Name Parent Signature Date

Office Use Only:	
Date Received _____	% (percentage Assessed): _____
Amount Refunded: _____	Staff Taking Refund Request: _____