City of Los Angeles Department of Recreation and Parks – Metro Region ECHO PARK RECREATION COMPLEX

Refund Request Form

Date of Request: ____/____

PAYEE'S NAME:	
ADDRESS:	
PHONE:	
E-MAIL:	
PARTICIPANTS NAMES:	
CLASS/SPORT # & NAME :	
RECIEPT#	
REASON FOR REFUND:	
COST OF CLASS \$	Patrons Signature:
	For Office Use Only
Administration Fees:	
\$ (Cost of class/s	oort) - \$ (Administrative Fee at 15% <i>classes</i> 25% <i>sports</i> From Original Fee)
	\$ (X # of classes / camp attended)
	\$)
	= \$ Total inputted in computer onBy
Authorized Refund Amount S	<u> </u>
Approved & Processed By:	Date/