

## Refund Request

1. Name of person making request: \_\_\_\_\_ Date Requested: \_\_\_\_\_

2. Participant's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

3. Email \_\_\_\_\_ Receipt Number (RR) \_\_\_\_\_

4. Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

5. **SEND REFUND TO PAYEE:**

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

6. **PROGRAM ENROLLED IN:**

<b><u>SPORTS LEAGUES</u></b>			
<b><u>Sports</u></b>	<b><u>Division</u></b>	<b>___ Coed</b>	<b>___ Girls</b>
___ Baseball	___ Tiny Tots	___ Pee Wee	
___ Basketball	___ Rookie	___ Minor	
___ Flag Football	___ Major	___ Junior	
___ Soccer	___ Senior	___ Other _____	
___ Volleyball			

<b><u>DAY CAMPS</u></b>	
___ Winter Camp	
___ Spring Camp	
___ Summer Camp	
___ Other _____	
Weeks: <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	

<b><u>CLASSES:</u></b> Name of Class: _____
Class Meets on:
___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat

7. **REASON FOR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_

Refund policy: "Full refunds are only issued when the Recreation Center cancels the activity. A 15% cancellation fee is assessed for all refunds. Changes or transfers per class, sports league or day camp registration maybe assessed additional fees. After the first day of a session, the Recreation Center issues a partial refund to patrons withdrawing from the activity."

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 4 to 8 weeks to receive.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Date Received \_\_\_\_\_ % (percentage Assessed): \_\_\_\_\_ Amount Refunded: \_\_\_\_\_ Staff Initials \_\_\_\_\_