

First Name:

City of Los Angeles Department of Recreation & Parks

STONER RECREATION CENTER

1835 Stoner Ave. Los Angeles, CA 90025 (310) 479-7200 ~ rap.stonerrc@lacity.org



REFUND REQUEST FORM

REFUND POLICY:

Full refunds are only issued when the Recreation Center cancels the activity. A 15% admin fee is assessed for all refunds. After the first day of a session, the Recreation Center may issue a partial refund to patrons withdrawing from the activity. Additional Fees may be charged for any classes or games the patron attended, uniforms, or trophies ordered. REFUNDS CAN TAKE UP TO 6-8 WEEKS TO PROCESS.

PATRON/ACCOUNT HOLDER INFORMATION: (PLEASE WRITE INFORMATION NEATLY)

Last Name:

Address:		City:	Zipco	ode:		
Best Contact #:			Emai	Email:		
		ACTIVITY	INFORMAT	ION:	(WRITE/CIRCLE INFORMATION BELOW)	
Participant Name:						
Year:	Session:	- Winter	- Spring	- Summ	er - Fall	
Activity Type:	- Sports L	eague -	ue - Class - Camp Other:			
Activity Name/Sport Division :						
		REASON	FOR REFUN	ND:	(CIRCLE REASON OR WRITE IN DIF. REASON)	
- Activity Canceled by Recreation Center - Scheduling Conflict					- Practice Conflict	
- Illness/Injury (Doctor's note required for full refund) Other:						
Patron's Signature: Da					te:	
FOR OFFICE USE ONLY:						
Staff Received By:					15% Administrative Fee	
HHID:				Other Fee(s):		
Amount Paid:						
Key: 15% Admin Fee					(\$ x #of* Attended) * classes, camp days, games, etc.	
\$10 (1.50)= \$8.50	\$50 (7.50)= \$42.50	\$60 (9.00)= \$51.00			Total Refund	
\$65 (9.75)= \$55.25	\$90 (13.50)= \$76.50	\$200 (30.00)= \$170.00	Refund	d Type:	Check/Credit RecTrac Credit	
RT:	Date:		TW:		Date:	
Director's Signature:					Date:	
Supervisor's Signature:					Date:	
Notes:						