

VAN NUYS-SHERMAN OAKS RECREATION CENTER

REFUND REQUEST

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

2. Participant's Name: _____ Contact # _____ Email: _____

3. **SEND REFUND TO PAYEE:**

Payee Name: _____

Address: _____ City: _____ Zip: _____

4. **PROGRAM(S) ENROLLED IN:**

SPORTS LEAGUES				
<u>SPORTS</u>			<u>DIVISION</u>	
<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Tiny Mite	<input type="checkbox"/> Mighty Mite	<input type="checkbox"/> Pee Wee	<input type="checkbox"/> Elementary
<input type="checkbox"/> Basketball	<input type="checkbox"/> Minor	<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<input type="checkbox"/> Flag Football	<input type="checkbox"/> T-Ball	<input type="checkbox"/> Pitch-T-Ball	<input type="checkbox"/> Coach Pitch	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Elementary Girls		<input type="checkbox"/> Junior Girls	
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Other			

LITTLE FOLKS DAY CAMP		
<input type="checkbox"/> Winter Camp (3-5yr)	<input type="checkbox"/> Spring Camp (3-5yr)	<input type="checkbox"/> Summer Camp (3-5yr)
DAY CAMP		
<input type="checkbox"/> Winter Camp (5-12yr)	<input type="checkbox"/> Spring Camp (5-12yr)	<input type="checkbox"/> Summer Camp (5-12yr)
<input type="checkbox"/> Other Camp		
Week(s) [Please Circle]: 1 2 3 4 5 6 7 8 9 10		

CLASSES		
Name of Class: _____	Session: _____	Year: _____
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		Class Start Time: _____

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 Controller's Office and may take up to 8 to 10 weeks to receive. Credit Card Payment will be credited back to payee's credit card 4-6 weeks.

Print Name Patron's Signature Date

OFFICE USE ONLY:			
Date Received: _____	Staff Taking Refund Request: _____		
(%) Assessed: _____	Amt. Assessed: _____	Amt. Refunded: _____	Receipt #: _____