



Staff: _____
Date: _____
Delivered to: _____

Leisure Services Refund & Transfer Request

Completion of this form does not guarantee a refund or transfer. You will be contacted within 3 business days by the appropriate Coordinator/Supervisor of approval status. Original payments made by cash and check (must wait 30 days from when the check was written) will be refunded in the form of a check and will be sent within 10-15 business days. Original payments made by credit card will be refunded back to the credit card within 5-10 business days. A household credit may be requested in lieu of a refund.

Participant Name: _____

Household Primary Guardian: _____

Contact #: _____ 2nd Contact #: _____

E-Mail Address: _____

This request is a:

Refund Request

- Class # _____ - _____
- Facility Rental _____
- Membership _____

Would you like your refund to be processed as a household credit? YES NO

Transfer Request:

Original Class # _____ - _____ Transfer to Class # _____ - _____

Reason for refund/transfer request: _____

Guardian/Participant Signature: _____ Date _____

FOR STAFF ONLY	
APPROVED: () Yes () No	
REFUNDS	TRANSFERS
\$ _____ Original Amount Paid	\$ _____ \$5 per class
(\$ _____) Pro-Rated Fees	x _____ # of classes
(\$ _____) Administrative Fee (\$5 per class)	\$ _____ Total Due/Paid
\$ _____ Total Amount Refunded	
_____ Coordinator or Supervisor Signature	_____ Date