

REQUEST FOR REFUND

Refund policy: Except as otherwise stated, refunds or credits will not be issued after payment has been made for an activity, class, league or program, unless it is a documented medical reason, or the activity, class, league, or program has been cancelled by the City of Litchfield Park. Any other reason may be considered on a case-by-case basis but are not guaranteed. The \$20 annual activity pass is non-refundable. There will be a \$10 administrative fee deducted from any approved refund.

Email your completed form for Aquatics: pmccoy@litchfield-park.org, Preschool: swhite@litchfield-park.org, Special Events: tkramer@litchfield-park.org, or Youth Sports: pmccoy@litchfield-park.org. It can also be dropped off at the Litchfield Park Recreation Center front desk.

Date: _____ Phone Number: _____

Requester's name: _____

Mailing address: _____

Email address: _____

Name of registrant: _____

Event, class or program requesting refund: _____

Receipt Number: _____ Date: _____ Original amount paid: _____

Refund amount requested(-\$10): _____

Reason requesting the refund:

Signature: _____

Check if applicable:

Supporting Documentation forms attached & requesting a check refund sent to the name and address on this form

I am requesting a program credit to my LPRC account.

Approved by: _____

Community & Recreation Services Director and/or department manager