



*New Kent County Parks and Recreation*

*Refund Request Form*

Full refunds will be issued for programs that are full or canceled by the department, if any change in day, time or location prohibits participant's attendance, or if participant withdraws prior to the first class meeting. If a participant wishes to withdraw from class/program after the first meeting date, they must do so within two business days, and their refund is subject to a \$5 processing fee. Refund requests will not be considered once a program has ended. Refund requests may be considered on a case-by-case basis. Refunds may take up to four weeks to process.

Check made payable to (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Fee: \_\_\_\_\_

**Reason for Refund:**

Medical/illness prior to first class meeting       Personal conflict prior to first class meeting

Other prior to first class meeting (please explain) \_\_\_\_\_

Unsatisfied with class       Medical/illness       Personal Conflict

Other (please explain): \_\_\_\_\_

Comments: \_\_\_\_\_

(Type Name for) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Department Use Only:

Class did not meet minimum      Class rescheduled      Class full      Instructor cancellation

Approved      Denied      Date: \_\_\_\_\_

By: \_\_\_\_\_ Amount of Refund: \_\_\_\_\_