



Application for Refund or Cancellation

Note: Your cancellation request must be received a minimum of seven (7) business days before your scheduled reservation/activity date.

Name of Registered Participant: _____ Age: _____

Activity/League Registered: _____ Price Paid: _____

Refund _____ Cancellation _____

Please state reason for refund: _____

Please print your full name as it appears on check: _____

Address: _____ City: _____ State: _____

Drivers's license number: _____ Phone#: _____

Email address: _____

Signature: _____ Date: _____

Attach a copy of your original receipt. Refunds will be granted upon approval of the Director of Recreation Services. Please allow up to four weeks for check refund following approval. There will be a \$5 administration fee for all refunds.

-----PARD STAFF USE ONLY-----

Received by: _____ Date: _____ Receipt/Permit # _____

Recommend: Disapproval Approval Refund amount: _____

PARD staff signature: _____ Check request submitted on: _____