

CITY OF SPARKS  
PARKS AND RECREATION DEPARTMENT  
PROGRAM REFUND/CREDIT/REQUEST

Received By \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Fax number 353-2401

- Refund Check
- Credit Card Credit (card number \_\_\_\_\_ exp. \_\_\_\_\_)
- Household Credit (must be provided)

- **Completion of this form does not guarantee a request will be approved. All requests must go through an approval process.**
- In order to expedite the processing of a request, please provide original program receipt.
- Requests for credits/refunds must be received the business day prior to the session start date. Exceptions may be made for a verified medical problem. Verification must be attached.
- Applications for credits/refunds of team rostered programs must be received one week prior to date schedules become available.
- Full refunds will be given if a program is canceled.
- Refund checks may take 2 to 4 weeks to process.

**PLEASE PRINT**

Name of participant \_\_\_\_\_

Check payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Program \_\_\_\_\_ Program Site \_\_\_\_\_

Program Date/Session # \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read and understand the above listed guidelines. I understand that this is a request only and approval is not guaranteed.**

\_\_\_\_\_  
Requestor's Signature Date

Program Supervisor:      Approved       Denied

Recreation Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Type of Refund/Credit \_\_\_\_\_ Refund/Credit Amount \$ \_\_\_\_\_

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

\_\_\_\_\_