

Cancellation Request Form



CITY OF SPARKS
PARKS AND RECREATION DEPARTMENT
Phone: (775) 353-2376 FAX (775) 353-2401
recinfo@cityofsparks.us

- **Completion of this form does not guarantee request will be approved. All requests must go through an approval process.**
- Request form must be received no later than the business day prior to the session start date. Exceptions may be made due to verified medical issues. Verification must be attached.
- A \$3 processing fee will be assessed for all registration changes received less than 14 days prior to the program start date.
- **Team Rostered Programs:** Cancellation form must be received one week prior to the date schedules become available.
- **Facility Rentals:** Rentals cancelled no later than 30 days prior to the rental date will be refunded all paid fees minus the reservation deposit, insurance (if applicable) and admin fee. Cancellation of rentals under 30 days forfeit all fees.
- **Field Rentals:** Cancellation must be made 30 days in advance for full refund/credit. A \$15 admin fee will be applied to cancellations/changes made between 8 days and 29 days. No refund/credit for cancellations/changes made 7 days or less.
- **Refunds take up to 2-4 weeks to process. To expedite your request, attach a copy of the original program receipt.**

To submit a cancellation request for a Sparks Parks & Rec program or rental, please fill out sections 1-4 below.

SECTION 1: General Information

Requestor's Name _____
Program Participant (if different from above) _____
Address _____
City/State/Zip _____
Phone _____ Email _____
Requestor's Signature _____ Date _____

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

SECTION 2: Course/Rental Information

Program Activity # _____
Program Date _____
Program Site _____
Rental # _____

SECTION 3: Reason for Request

- Schedule Change or Conflict
- Relocation out of area
- Medical (attach Doctor's note)
- Other _____

SECTION 4: Requested Method of Refund/Credit

- Household Credit (Can be used for any future enrollment)
- Refund Check (If request is submitted 14 days or more prior to the program start date)
- Credit Card Credit (Card # _____ exp. _____)

FOR OFFICE USE ONLY

SECTION 5: Refund amount/processing

Received by _____ Date _____ Time _____
Refund/Credit amount \$ _____
Date Processed _____ By _____
Refund/Credit Type
 Check Credit Card Household Credit

SECTION 6: Staff Review/Approval

Approved Denied
Program Supervisor _____
Recreation Supervisor _____

Parks & Recreation Director **Date**