

# Cancellation/Refund/Credit Request



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 (M-F) prior to the session start date. Exceptions may be made due to verified medical issues. Verification must be attached.
- A full refund may be granted if a cancellation request form is submitted a minimum of 14 days prior to the program start date. If a cancellation request form is submitted less than 14 days prior to the program start date, the refund will be issued as a household credit only, less a \$3 processing fee.
- **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 admin fee (\$25), insurance (if applicable) and reservation deposit. 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.

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

<b>SECTION 1: General Information</b> Requestor's Name _____ Program Participant (If different from above) _____ Address _____ City/State/Zip _____ Phone _____ Email _____ Requestor's Signature _____ <input type="checkbox"/> By Phone Date _____ <b>I have read and understand the above listed guidelines. I understand that this is a request only and approval is not guaranteed.</b>
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<b>SECTION 2: Course/Rental Information</b> Program/Activity _____ Program Date _____ Rental # _____
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<b>SECTION 3: Reason for Request</b> <input type="checkbox"/> Schedule Change or Conflict <input type="checkbox"/> Relocation out of area <input type="checkbox"/> Medical (Attach Doctor's Note) <input type="checkbox"/> Other _____
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<b>SECTION 4: Requested Method of Refund/Credit</b> <input type="checkbox"/> Household Credit (Can be used for any future enrollment) <input type="checkbox"/> Refund Check <input type="checkbox"/> Credit Card Credit (Last Four Digits of Card Number _____ Exp. _____)
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## FOR OFFICE USE ONLY

<b>SECTION 5: Refund Amount/Processing</b> Received By _____ Date _____ Time _____ Apply Processing Fee <input type="checkbox"/> Yes <input type="checkbox"/> No Refund/Credit Amount \$ _____ Date Processed _____ By _____ Refund/Credit Type <input type="checkbox"/> Household Credit <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
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<b>SECTION 6: Staff Review/Approval</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Approval 1 _____ Date _____ Approval 2 _____ Date _____
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