

# COVID-19 Cancellation/Refund/Credit Request



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

## All Rec Programs and Classes will be cancelled from March 16th—April 5th.

- Please complete sections 1-4 below, indicating if you would like a household credit or refund.
- If you paid by credit card and would like a refund, please indicate below in Section 4
- Please note no processing fee will be charged.

**SECTION 1: General Information**

Requestor's Name \_\_\_\_\_

Program Participant (If different from above) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Requestor's Signature \_\_\_\_\_  By Phone 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: Requested Method of Refund/Credit**

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

Credit Card Credit (Last 4 Numbers of Credit Card Used \_\_\_\_\_ )

### FOR OFFICE USE ONLY

**SECTION 5: Refund Amount/Processing**

Received By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Refund/Credit Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_ By \_\_\_\_\_

Refund/Credit Type

Household Credit  Check  Credit Card

**SECTION 6: Staff Review/Approval**

Approved  Denied

Program Supervisor \_\_\_\_\_

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

\_\_\_\_\_

**Parks & Recreation Director** **Date**