

14100 Franklin Blvd.  
Lakewood, Ohio 44107  
(216) 529-4081  
(216) 529-4464 Fax



## PROGRAM REFUND REQUEST FORM

**CANCELLED CLASSES/PROGRAMS** The Recreation Department reserves the right to cancel a class or program with fewer than the required number of registrants. In the event that the Lakewood Recreation Department cancels a class or program, a full refund will be granted to all individuals enrolled in the class/program.

**REFUNDS BEFORE CLASSES/PROGRAMS BEGIN** If a participant wishes to withdraw from a class or program, the participant must submit a written request at least 7 business days prior to the first session of the class or program, unless otherwise noted, provided it does not reduce the participation level below the required minimum\*. A \$15 processing fee will be assessed. Participants also have the option of receiving a voucher. A \$5 processing fee will be assessed. Vouchers may be used for any class or program offered by the Recreation Department. Vouchers are good for two years from the date of issuance.

**REFUNDS AFTER CLASSES/PROGRAMS BEGIN** In the event that a participant wishes to withdraw after the first session of the class/program and before the second session of the class/program, a written request must be submitted before the second session. A participant will receive 50% of the registration fee provided it does not reduce the participation level below the required minimum\*.

**NO REFUNDS** No refunds will be issued after the second session of any class or program or if a class or program registration fee is \$15 or less. On-line service fee is nonrefundable.

**HOW REFUNDS ARE ISSUED** If the registration fee is paid by cash, check or money order the participant will receive a refund in the form of a check. If the registration fee is paid by MasterCard or Visa, the participant will receive a credit to the corresponding account. There will be no cash refunds.

*\*In certain circumstances refunds cannot be granted because tickets, supplies and/or instructor fees are determined and/or purchased in advance based on enrollment numbers.*

### Participant Information:

Participants Full Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Program Dates/Times: \_\_\_\_\_

Reason For Refund (use back of sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original form of Payment:  Cash/Check  Charge Card # \_\_\_\_\_ CVC# \_\_\_\_\_ Exp. Date \_\_\_\_\_)

\*Charge number needed only if original form of payment was charge and are requesting charge refund\*

Type of Refund Requested:  Voucher (\$5.00 Processing Fee)  Check/Charge (\$15.00 Processing Fee)  50%

Name of person to receive refund: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of person to receive refund: \_\_\_\_\_

Signature of person requesting refund: \_\_\_\_\_

### OFFICE USE ONLY

Processed by \_\_\_\_\_ Date \_\_\_\_\_

From Receipt Account \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Processing Fee:  \$5.00 (Voucher)  \$15.00 (Check/Charge)  Other \_\_\_\_\_  None

