



# TOWN OF EAST LONGMEADOW RECREATION

*Fun Happens Here.*

## REFUND REQUEST FORM

**DATE OF REQUEST:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**PAYEE (if different from above):** \_\_\_\_\_

**PARTICIPANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**REASON (REQUIRED):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Your signature on this form signifies that you will abide by the policies set forth by the East Longmeadow Recreation Commission and you understand that it could take 4-6weeks for the refund check to arrive. See reverse side for details.

### OFFICE USE ONLY

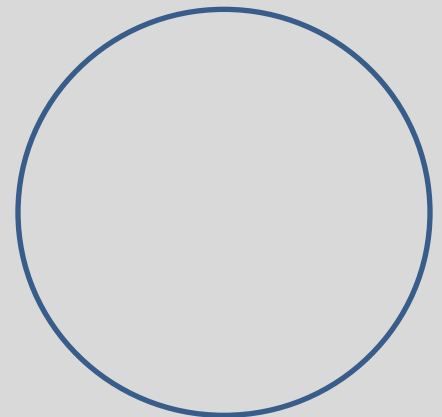
PAID: \$ \_\_\_\_\_ PROGRAM START DATE: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_ PROCESS DATE: \_\_\_\_\_

Refund Requested: 21 Days Prior to Start / Within 14 Days / After Program Ended

Medical Request (Includes Doctor's Note)

Program Cancelled by the ELRD

ADMINISTRATIVE FEE	\$
UNIFORM/EQUIPMENT FEE	\$
PRO-RATED FEE	\$
ADDITIONAL/MISCELLANEOUS FEE	\$
<b>TOTAL TO BE REFUNDED</b>	<b>\$</b>



STAFF INITIALS: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Approval Stamp Above