

WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM
Refund Request Form

REFUND POLICY:

The request for a refund due to withdrawal from a program or lease arrangement must be received no later than one week prior to the first day of any activity (three weeks for pavilion rentals). All refunds granted are subject to a 10% fee for processing. Request for refunds received later than the established deadline will not be honored. Approved refunds will be sent to the registrant within 30 days from the date of approval.

Name/Company: _____ Date: _____

Child's Name (if applicable): _____

Address: _____

Phone: (W) _____ (H) _____

Program/Park or Pavilion Name: _____

Date(s) registered: _____

Reason for requesting refund: _____

I would like a refund check or my credit card credited (10% service charge)

I would like credit placed on my account (no service charge)

Signed: _____ Date: _____

For staff use only

Rcvd.: _____ Init.: _____

Receipt no.: _____ Amt. pd.: _____

For Superintendent=s use only

___ Approved ___ Denied

Svc. chg.: _____ Amt. Refunded: _____

Init.: _____