

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: \_\_\_\_\_

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For staff use only

Rcvd.: \_\_\_\_\_ Init.: \_\_\_\_\_

Receipt no.: \_\_\_\_\_ Amt. pd.: \_\_\_\_\_

For Superintendent=s use only

\_\_\_ Approved \_\_\_ Denied

Svc. chg.: \_\_\_\_\_ Amt. Refunded: \_\_\_\_\_

Init.: \_\_\_\_\_