



Parks & Recreation

10455 Armstrong Street, Fairfax, VA 22030  
Office: 703-385-7858 parksrec@fairfaxva.gov

## Request for Refund

The City of Fairfax Parks and Recreation reserves the right to accept or decline refund requests.

Participant Name: \_\_\_\_\_

Refund Requested for (name of class or program): \_\_\_\_\_

Dates of Class or Program: \_\_\_\_\_

Reason for refund request: (attach any additional documents, i.e. doctor's notes, ect)

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

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Paid by: \_\_\_ Credit Card (last four digits of credit card: \_\_\_\_\_) \_\_\_ Check \_\_\_ Cash

*Please note: All cash or check payment will be refunded by check. Check refunds could take 2-6 weeks to process.*

Name of payer: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**I have read and understand the City of Fairfax Parks and Recreation Policies and Procedures. I also understand some programs are non-refundable or a deposit will be withheld or cancellation fee will be incurred (i.e camps, senior trips and facility rentals). The City of Fairfax Parks and Recreation Department reserves the right to accept or decline your refund request. Notification of approval or decline of the refund will be within 5 business.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----For Staff Use Only-----

Type of refund: \_\_\_ Full \_\_\_ Partial/Pro-rated Amount to be refunded \$ \_\_\_\_\_

Staff Authorization \_\_\_\_\_ Date: \_\_\_\_\_