



REFUND REQUEST FORM

A \$5.00 handling fee is charged on all refunds.

SPORTS: There are no refunds on Goose Creek Recreation Athletic programs.

PROGRAMS: Full refund if we cancel the class or alter the time and/or date of the class. Unless stated differently in the specific program information, **refunds will only be issued if requested before the second-class meeting.**

FOR ALL ACTIVITIES: There are no refunds on out of district fees, late fees or insurance.

Your request will be processed and your check mailed to you. **This process usually takes 1-2 weeks.**

Signature: _____ **Phone Number:** _____
(Parent/ Legal Guardian if participant is under 18)

Participants Name: _____

Activity: _____

Reasons for requesting refund: _____

Amount paid for this activity: _____ **Receipt #:** _____ **Date Paid:** _____

Make check payable to: Name on Account (Responsible Party)

Please initial if name is different than what is on account. _____ **Date:** _____

Address to mail check to: _____

Must Include City and Zip

FOR STAFF USE ONLY

Date Received: _____ **Staff Initials Receiving Form:** _____

Amount Due Customer: \$ _____ **Supervisor Initials:** _____ **Account:** 250-230-2229

Reason if no administrative fee is charged: _____

Supervisor of Program: _____ **Date received by Supervisor:** _____

Special Instructions/Comments: _____

*****PLEASE ATTACH COPY OF REGISTRATION FORM AND/ OR RECEIPT TO THIS REQUEST*****