



DeSoto Parks & Recreation
Discover, Experience, Play!

REFUND REQUEST FORM

This form must be completed, for any class, event, activity or program.

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

E-mail Address: _____

Activity Name: _____

Course Start Date: _____ Refund Request Amount: \$ _____

Reason for Refund Request

- Class, event, activity or program was cancelled
 - Schedule or other conflict
 - Illness/medical
 - Not happy with the program. Why? _____
 - Decided not to participate / changed mind
 - Moving/moved out of the area
 - OTHER _____
- _____
- _____

Refund Type Requested (Please choose one.)

- Check (up to 4 weeks to receive)
- Credit Card Refund

Signature of Participant or Parent/Guardian for Minors

Date

**Approved refunds take approximately 4 weeks to process. No cash refunds will be issued.
 Refunds will only be issued to the primary account holder. Return completed form to front desk staff.**

Staff Use Only

Refund Amount Requested: \$ _____ Payment Type: _____

Original Receipt Date: _____ Original Receipt Number: _____

Date Received: _____

Site Staff Name (PRINT): _____

Request DENIED Reason: _____

Request APPROVED

Refund Amount: \$ _____ Refund Type: Check Credit Card Transfer

Approver's Name (PRINT): _____ Title: _____

Signature: _____ Date: _____