



# Town of Pittsford Refund Request Form

Recreation Department – 35 Lincoln Ave – Pittsford, 14534 – 248-6280

PLEASE PRINT CLEARLY

Make Check Payable To: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## REFUND POLICY

Refunds are available, unless otherwise stated in the program description. All refund requests must be submitted to the Pittsford Recreation Department. If a program is canceled, total amount will be refunded. You may withdraw up to 7 calendar days prior to the start of a program; a refund will be granted with a **\$5 processing fee per person/per program** (certain programs may be nonrefundable or involve a portion of nonrefundable monies.) Within one week of a program's start date, or after a program has begun, only medical refunds will be granted. A doctor's written statement must accompany your request. Refund will be prorated based on the date of your notification to the Recreation Department. Absolutely no refunds will be granted after the program ends.

\_\_\_\_\_ Please initial to confirm that you have read and understand the above Refund Policy

1) Registrant: \_\_\_\_\_

Reason: \_\_\_\_\_

Program: \_\_\_\_\_ Program #: \_\_\_\_\_

2) Registrant: \_\_\_\_\_

Reason: \_\_\_\_\_

Program: \_\_\_\_\_ Program #: \_\_\_\_\_

3) Registrant: \_\_\_\_\_

Reason: \_\_\_\_\_

Program: \_\_\_\_\_ Program #: \_\_\_\_\_

## OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

Season/Year: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

1) Registrant Fee: \_\_\_\_\_

Refund: \_\_\_\_\_

2) Registrant Fee: \_\_\_\_\_

Refund: \_\_\_\_\_

3) Registrant Fee: \_\_\_\_\_

Refund: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Refund Total: \_\_\_\_\_

Recreation Director: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_

Registrar: \_\_\_\_\_