



**Estes Valley Recreation and Park District PO Box 1379 Estes Park, CO 80517 970-586-8191**

### Refund Request Form

In order to ensure correct processing of your refund, please fill out all the information requested on this form:

Date \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_

Name of Participant \_\_\_\_\_

Mailing address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. BOX \_\_\_\_\_

Item/Program for which you are requesting a refund \_\_\_\_\_

- Please place my refund on my EVRPD account for future use
- I would like my refund placed on my credit card account. **Subject to a \$5 Withdrawal Fee**
- Please mail a check to me at the above address. **Subject to a \$5 Withdrawal Fee**  
Make a check payable to: \_\_\_\_\_

**Please circle the reason you are requesting a refund.** If there are any circumstances that warrant special consideration please write on the back of this page.

Schedule Conflict      Illness      Injury      Moving      Vacation      Other

#### Office Use Only

Approval Date		Coordinator Initials	
Amount Paid		Minus uniforms and attendance	
Minus a \$5 Withdrawal Fee (except credit on account)		Total amount refunded	
Date Processed		Account Code	

Staff must date and initial upon receipt of refund request. Place in the appropriate mailbox located at the Admin Aquatics or Recreation Offices.

Initials of staff accepting request for refund form \_\_\_\_\_ Date \_\_\_\_\_