

Shenandoah County Parks & Recreation
600 N. Main Street, Suite 108, Woodstock, VA 22664 – 540-459-6777 – 540-459-8040 (fax)
Refund Request Form

REFUND / CREDIT POLICY

- Program/activity refunds will be given until a program begins, minus any applicable supply fees. No refunds will be approved after the start of a program unless special circumstances warrant (i.e., illness with a doctor's note), and then a pro-rated refund will be considered. All refund requests must be submitted with signature on the Refund Request Form available. Full refunds will be given if Shenandoah County Parks & Recreation cancels a class, program, trip, etc.
- For bus trip programs, **full refunds will be given up until the registration deadline posted for the event.** After the registration deadline, refunds will not be given, but participants can resell their space on the trip. Due to the fact that the department must pre-purchase tickets and make deposits for buses, this refund policy is not flexible. If registration does not meet the minimum required for the bus trip, the trip will be canceled and a full refund provided. All refund requests with signature must be submitted on the Refund Request Form.
- Facility refund requests will be honored only if a cancellation notice is provided within 24 hours of the original facility reservation date/time, per the facility request application. All refund requests with signature must be submitted on the Refund Request Form.
- Please allow two-to-four weeks for processing of refunds.

Participant Name: _____

Parent Name: _____
(if participant is under 18)

Home Phone: _____ **Cell Phone:** _____

Program Name: _____

Program Start Date: _____ **Program Time:** _____

Program Activity Code: _____ **Program Cost:** _____

Facility Rental Location: _____ **Facility Rental Date:** _____

Facility Rental Time: _____ **Facility Rental Cost:** _____

Reason for Refund/Credit Request:

Signature: _____ **Date:** _____

PLEASE COMPLETE

Should my refund request be approved, please send it to:

Name of Payee: _____

Address: _____ **City/ZIP:** _____

This REFUND was APPROVED/DENIED

Amount of refund: \$ _____

Director Signature
71200-9203-01

Date