

# Shenandoah County Parks and Recreation

600 North Main Street, Suite 108, Woodstock, VA 22664

540-459-6777 (office) 540-459-8040 (fax)

## Activity/Facility Refund Request Form

### Shenandoah County Parks and Recreation Refund Policies:

- FULL refunds will be given for any program, class, trip, or facility rental cancelled by SCPR.
- NO refunds will be approved after the "Register by date" for any program, class, or trip.
- If special circumstances warrant (illness, injury, etc) then a pro-rated refund will be considered, minus class supply fees (if applicable) and 20% admin fee.
- Participants may resell their space, with SCPR approval, for any program, class, or trip.
- Facility refunds must be submitted 48 hours prior to rental date, if cancelled due to weather or other means beyond the control of the renting party, a full refund will be approved.
- Refunds will not be approved for individual days missed by participant(s).
- Cash/Check payments will be issued a CHECK refund, allow 2-4 weeks; Credit Card payments will be returned to Credit Card.
- All refund requests must be submitted via this form to the Parks and Recreation office by:
  - ▶ Hand deliver or mail to 600 North Main Street, Suite 108, Woodstock, VA 22664
  - ▶ Scanned and mailed to [scpr@shenandoahcountyva.us](mailto:scpr@shenandoahcountyva.us)
  - ▶ Faxed to 540-459-8040

Participant Name: \_\_\_\_\_ Refund Receipt #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 (If participant is under 18)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Request:  Class change/cancelled  Schedule conflict  Instructor  Illness/Injury  
 Other: \_\_\_\_\_

Activity/Facility Name	Act #	Act/Facility Fee	Amount Paid
		\$	\$
		\$	\$
		\$	\$

Signature: Participant or Parent/Guardian if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:		
_____ Approved _____ Denied/Reason _____		\$ _____
_____ Director Signature 4-223-71200-9203-01	_____ Date	_____ Refund Amt

Justification for Variance in Amount of Refund: \_\_\_\_\_

\_\_\_\_\_