

Refund Request Form



Refund requests will not be considered once a program has ended. Refund requests may be considered on a case by case basis. Refunds may take up to four weeks to process.

Requestor or Guardian: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Participant Name: _____

Activity Name: _____

Course Code: _____ Fee: _____

Reason for Refund:

Unsatisfied with class

Personal Conflict

Medical/illness

Other

Comments: _____

Refunded to: Credit Card Check Account Credit

For Program Supervisor Use Only:

Full Refund

No Refund

Partial Refund

Account Credit

Reason: _____

Date: _____ Approved By: _____

Amount to Refund: _____

Date Refunded: _____ Refunded By: _____

Refund requests may be submitted by email to the program supervisor or in person at

500 E. 2nd St. Rochester MI, 48307 during business hours.