



**CITY OF FRUITA RECREATION
REGISTRATION CANCELLATION REQUEST**

I am requesting a refund for the following event/activity for the participant named below:

Name of Program _____ **Instructor** _____

Date Attended _____ **Location** _____

Name of Participant _____

Relationship to Participant _____

Reason for Request: _____

REPAYMENT REQUEST:

On Account with City of Fruita Parks and Recreation Department

Check issued

Original Credit Card

Last four digits of CC # _____

I authorize other family members to use these funds on account **Yes** **No**

Name of Authorized Person _____

The following is my current contact information:

INSTRUCTOR COMMENTS:

First Name _____ Last _____

Address _____ City _____ ZIP _____

(____) _____ - _____
Phone

E-mail Address

I understand the following: - All requests for refund will be processed within a 24 hour period during business hours - Any approved request for refund will be made to the original payer. Any amount of \$10.00 or more will be issued by check within approximately one week, or immediately to credit card or on account with Parks and Recreation Dept. - A \$5.00 administrative fee will be deducted at the time of refund – (Any amount under \$10.00 will automatically be credited to participant’s Parks and Recreation authorized account).

Signature Date

OFFICE USE ONLY:

Supervisor / Instructor (initials) _____

Amount being refunded before refund fee \$ _____

There will be a \$5.00 refund fee withheld: Yes No

Wait List of Activity: Contacted NA

Name - Staff member processing refund Date

Voucher of refund to Customer: hand delivered e-mail mailed (Voucher attached to this page)