

**CITY AND COUNTY OF BROOMFIELD
RECREATION SERVICES DEPARTMENT**

Refund or Customer Credit Request

Please read all the information on this request form and fill in all of the blanks. Incomplete requests cannot be processed.

REFUND POLICY: THERE WILL BE NO REFUNDS GIVEN EXCEPT FOR CLASSES CANCELLED BY THE RECREATION SERVICES DEPARTMENT OR IN THE CASE OF PROVEN HARDSHIP AND WITH THE APPROVAL OF THE RECREATION SERVICES DIRECTOR.

Participant Name _____ Requestor _____

(If different than Participant)

Street Address _____ Phone _____

(Include City, State and Zip Code)

Reason for Request (illness, injury, moving, etc.) _____

**IF YOU ARE REQUESTING TO CANCEL AN
ANNUAL PASS/ PUNCH CARD – PLEASE READ AND COMPLETE THIS SECTION:**

TYPE OF PASS (individual/family annual pass, facility/fitness punch card) _____

Please note that all requests will be pro-rated and assessed applicable administrative and cancellation fees as of the date received – NO POST-DATED REQUESTS PLEASE. If you are on the scheduled payment plan, any future payments will be cancelled and any amount remaining (credit or debit) will be applied to your credit card.

**IF YOU ARE REQUESTING TO WITHDRAW FROM A
CLASS/ PROGRAM – PLEASE READ AND COMPLETE THIS SECTION:**

CLASS (name/code number) _____ Participant _____

Has the class started? NO YES – If Yes, how many days? _____

Please note that all requests after the session has begun will be pro-rated (whether attended or not) and assessed applicable administrative and cancellation fees as of the date received. If you are on the scheduled payment plan, any future payments will be cancelled and any amount remaining (credit or debit) will be applied to your credit card.

I am requesting a (please check one):

Customer Credit – This credit will be retained on your account with Recreation Services to be used for future class registrations.

Refund – If the original payment was cash or check, you will receive any refund due by check*. If the original payment was a credit card charge, any refund due will be applied to your card*.

*Less administrative and program cancellation fees.

Signature: _____ **Date Requested:** _____

Please allow approximately five working days for this request to be reviewed for approval or disapproval. If the request is approved and you have requested a refund, please allow an ADDITIONAL eight to ten working days for check processing.

For Office Use Only

Date Received _____ Phone/Walk-in/Fax _____ Location –BCC/PDRC _____ Clerk _____

Amount Paid _____ Miscellaneous _____

Administrative/ Cancellation Fees: _____ (\$10/ \$25/ \$50)

Total due customer: _____

Request Approved by: _____ Disapproved by: _____
(Program Coordinator/ Date) (Program Coordinator/Date)

Approved: _____ Disapproved: _____
(Director/ Date) (Director/ Date)