

Renewal Date: _____

**CITY AND COUNTY OF BROOMFIELD
RECREATION SERVICES DEPARTMENT
Refund/ Customer Credit/ Cancellation 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 _____ Email _____

(Include City, State and Zip Code)

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

Please complete one of the following sections and sign below:

I AM REQUESTING TO CANCEL MY ANNUAL PASS/ PUNCH CARD* –

PLEASE READ AND COMPLETE THIS SECTION:

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

Please note that if you have a Recreation Pass, there are no refunds for partial months and there are no cancellation fees however, due to the necessary time required for processing, **request forms turned in less than five business days prior to your monthly scheduled payment day will be processed the following month.** Note that all punch card refund requests will be pro-rated as of the date received and assessed a \$10 cancellation fee.

I AM 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.

*A minimum \$10 fee is assessed on all program refund requests. Additional fees may apply. For complete information, please contact the program coordinator.

Signature: _____ **Date Requested:** _____

Please allow at least five business days for this request to be reviewed for approval or disapproval. If the request is approved and you are due a check refund, please allow an ADDITIONAL eight to ten business 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: _____

(Program Coordinator/ Date)

Disapproved by: _____

(Program Coordinator/Date)

Approved: _____

(Director/ Date)

Disapproved: _____

(Director/ Date)