



1 Harry S Truman Parkway
Annapolis, MD 21401

(410) 222-7865 Fax (410) 222-4120

Withdrawal from Recreation Programs Refund Request

One form for each participant requesting withdrawal

Refund Policy

Recreation & Aquatic Programs: ALL refund requests must be submitted in writing with the exception of cancelled programs. Full refunds are given only if a program is cancelled or there are extenuating circumstances prior to the start date of the program. Cancelled program refunds will be automatically processed for 100% refund. Written request received prior to the start date, will forfeit 20% of the fee for the program or no more than \$25 for each registration as an administrative fee. Any request received after the start date will be considered on a case by case basis and prorated accordingly. Refund request for medical reasons shall be accompanied by a physician's note. **Request for refunds MUST be submitted no later than 30days after the end of the program/sport.**

Trips & Excursions - NO refunds will be given unless the space can be filled with another registration; this includes trips cancelled due to inclement weather. Commitments and payments are made for tickets and transportation well in advance. Only when a trip is cancelled due to insufficient registrations will 100% of the trip fee be refunded.

Withdrawal from Recreation Program

*Participant's Name: _____
Last First

*Mailing Address: _____
& Street City State Zip

*Email Address: _____ *Phone Number: _____
Please use the phone number used to register for the program

*Program Number: _____ *Program Name: _____

If Participant is a Minor:

*Parent/Guardian Name: _____
Last First

Reason for Withdrawal

Schedule Conflict Medical Program Dissatisfaction Other
Must include a Doctor's note to be considered for full refund *Please explain below* *Please explain below*

If you checked Program Dissatisfaction or Other, describe: _____

* Must be completed for withdrawal/refund to be processed

Below to be Completed by R&P Staff

Fee Paid for Program: _____ Supervisor's Approval _____ Date _____

Fee to be Refunded: _____ Division Chief, Approval _____ Date _____

Account to be Charged: _____

Check - Be sure that address is complete and if a minor adult who refund is to be applied to is listed

Vendor Number: _____ Order Number: _____ Check Number: _____

Credit Card Receipt/Confirmation # _____ Original Date of Payment: _____