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## 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 for medical reasons (accompanied by a Dr. note) prior to the to the start date of the program. Refunds for cancelled programs will be automatically processed. 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 30 days after the end of the program/sport.**

*To request a refund for anything other than a recreation/aquatic program please contact the specific department.*

### Withdrawal from Recreation Program

\*Participant's Name:     
First Name Last Name MI

\*Mailing Address:    
# & Street City, State, Zip

\*Email Address:  \*Phone Number:

\*Program Number:  \*Program Name:

### If Participant is a Minor:

\*Parent/Guardian Name:     
First Name Last Name MI

### Reason for Withdrawal

Medical       Schedule Conflict       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: \_\_\_\_\_