



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 _____

Program Number _____ Date of Program _____

Name of Participant _____

Relationship to Participant _____

Reason for Request: _____

REPAYMENT REQUEST:

On Household Account with City of Fruita Parks and Recreation Department

Check issued

Original Credit Card

Last two 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: - Any approved request for refund will be made to the original payer by check or credit card unless indicated above to go to an active payer household account. A \$5.00 administrative fee will be deducted for refunds. Household credits will not incur a \$5.00 processing fee. All requests must be made within 5 business days after the beginning of registered program. Refunds may be pro-rated at the supervisor's discretion. Any credit balances remaining on the household account for longer than a period of 12 months will be reviewed and may be refunded to the original payer.

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: Contact NA

Name - Staff member processing refund _____ Date _____

Receipt number of refund _____