



Town of Mamaroneck
Recreation Department
Town Center
 740 West Boston Post Road,
 Mamaroneck, NY 10543-3353

TEL: 914-381-7865
 FAX: 914-381-7813
www.townofmamaroneckny.org/recreation
recreationdept@townofmamaroneckny.org

REFUND REQUEST FORM

This form must be completed and returned to the Recreation Department

Refund Policy

- A full refund will be issued for any program cancelled by the Recreation Department.
- Requests for refunds or household credits will be considered by submitting this Refund Request Form to the Recreation Department at least (14) days prior to the program start date. A 10% administrative fee will be deducted. Requests received thirteen (13) to seven (7) days; a 50% refund will be given. No refunds will be granted less than seven (7) days prior to the program start date.
- A request for a refund/household credit due to an injury must be submitted with a Refund Request Form and accompanied by a doctor's note. Refund/household credit will be prorated based on the date received by the Recreation Department less a 10% administrative fee.
- Missed classes, activities, reservations or sessions of any kind cannot be transferred to another session, rescheduled, credited or refunded for any reason unless cancelled by the Recreation Department. Your registration guarantees you a space in the class regardless of your attendance.

Note: Online registration convenience fees are non-refundable.

Today's Date: ____/____/____

Primary Household Name (*refund will be made payable to*): _____

Participant's Name: _____

Address: _____
Street City State Zip code

Phone Number: () _____ - _____

Program Name: _____

Explanation of reason to request a refund: (*In case of an injury, please attach a doctor's note*)

For Office Use Only

Amount Paid: \$ _____ on ____/____/____
Less # of sessions attended: \$ _____
Less administrative fee: \$ _____
Amount of Refund: \$ _____
Payment type: Cash Check Credit Card
Paid via: Online In-Person
 Credit on Household
 Check Refund

Program Supervisor (initial): _____

Superintendent (initial): _____ **Approved** **Disapproved**