



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 (including due to COVID-19 and/or quarantining) 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.
- Memberships and passes are Non-Refundable and Not Transferrable.
- Skating lessons are Non-Refundable and Not Transferrable.
- Day Camp & Teen Travel Camp: A refund will be issued prior to the established camp registration deadline. After the camp deadline, no refunds will be issued. A 10% administrative fee will be charged with any refund issued.

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 ____/____/____ **Payment type:** Cash Check Credit Card
 Paid via: Online In-Person

Less # of sessions attended: \$ _____ **Amount of Refund:** \$ _____ Credit on Household
Less administrative fee: \$ _____ Check Refund

Program Supervisor (initial): _____

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