

# CHILSON RECREATION CENTER - CLASS REFUND REQUEST FORM



## CITY OF LOVELAND - PARKS & RECREATION DEPARTMENT REFUND POLICY

(Unless otherwise noted in the program description, the following refund policy applies.)

- Refund requests must be submitted in writing or online. See shaded areas below.
- **Class Refunds:**
  - After initial registration and up to five (5) days prior to the class start date, a \$5 processing fee will be assessed.
  - Four (4) days prior to the class start date and until the start of class, 50% of the class fee is refundable.
  - NO refunds are given after the first week of the class.
  - Full refunds will be given for departmentally cancelled classes ONLY.
  - For Small Fries Preschool or Day Camp program refunds: please note that these programs have additional cancellation policies. See your parent handbook for further details or ask the Chilson front desk for more info.
  - For trip/ticket-based event refunds, cancellations must be made seven (7) days prior to event, with \$5 processing fee.
- **No cash refunds are given. A credit balance can be added to your household for future use, a check will be sent in the mail or a refund will be applied to the credit card originally used. Please choose your refund method below.**
- **Refund checks are processed by the City of Loveland Finance Department, and they can take up to 2 weeks to be processed and mailed to your address.**

**I have read and understand the above refund policy:**

Signature:	Date:	Time:
Staff Signature or initials:	Date:	Time:

**NOTE: Please fill in shaded areas completely; lack of information may delay processing.**

A class receipt number must be referenced. You may request your receipt number from the Chilson Center front desk, if you have not retained your original receipt.

Parent / Guardian Name ( <i>first, last</i> ):		
Make Check Payable To:	Email:	
Mailing Address:	Day Phone:	
City:	State:	Zip:

Participant Name ( <i>first, last</i> ):		Receipt Number:
Class Name:	Class Number:	Class Fee:

Participant Name ( <i>first, last</i> ):		Receipt Number:
Class Name:	Class Number:	Class Fee:

Participant Name ( <i>first, last</i> ):		Receipt Number:
Class Name:	Class Number:	Class Fee:

Please specify reason for requesting a refund in order for us to process your request:

Please Choose a Refund Method:	<input type="checkbox"/> Household Credit	<input type="checkbox"/> Refund to Credit Card Used for Purchase	<input type="checkbox"/> Refund by Check
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**FOR OFFICE USE ONLY \* DO NOT WRITE BELOW LINE** Additional staff information:

Class fee:	Less Cancellation Fee:	Amount to be Refunded:
Class fee:	Less Cancellation Fee:	Amount to be Refunded:
Class fee:	Less Cancellation Fee:	Amount to be Refunded:
Coordinator Initials:	Date Received:	<b>Total Amount to be Refunded:</b>



Return completed form to Chilson Recreation Center or email to [chilson@cityofloveland.org](mailto:chilson@cityofloveland.org)