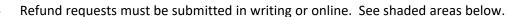
## **CHILSON RECREATION CENTER - CLASS REFUND REQUEST FORM**

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

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





After initial registration and up to five (5) days prior to the class start date, a \$5 processing fee will be assessed.

700 E. Fourth St. . lovgov.org/chilson

- 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 refu	nd policy:						
Signature:			Date:	Date:		Time:		
Staff Signature or initials:			Date:		Time:			
NOTE: Please fill in shaded areas co A class receipt number must be refe have not retained your original rece Parent / Guardian Name (first, last)	erenced. You eipt.			-		on Cente	er front desk, if you	
Make Check Payable To:		Email:						
Mailing Address:		Day P	Day Phone:					
City:			State:	Zip:				
Participant Name (first, last):			Receipt N	Receipt Number:				
Class Name: Class Num			nber:	Class Fee:				
Participant Name (first, last):			Receipt Number:					
Class Name:			Class Number:			Class Fee:		
Participant Name (first, last):	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:	☐ Househ	old Credit	☐ Refund to Credit Card Used for I		rd Used for Pu	rchase	☐ Refund by Check	
FOR OFFICE USE ONLY * DO NOT W	RITE BELOW	<i>LINE</i> Addi	tional staff inform	nation:				
Class fee: Less Ca		ncellation Fee:		A	Amount to be Refunded:			
Class fee: Less Ca		ncellation Fee:		A	Amount to be Refunded:			
Class fee: Less Ca		incellation Fee:		1	Amount to be Refunded:			
Coordinator Initials:	ceived:			Total Amount to be Refunded:				

