



# Refund Request Form

**REFUNDS FOR CLASSES/PROGRAMS/EVENTS:**

**Satisfaction Guarantee:** Your satisfaction is our top priority! Longview Parks & Recreation is committed to offering quality service to everyone with our 100% satisfaction guarantee. If you are dissatisfied with your experience, use this form to notify the recreation office in writing *prior* to the second class to request a full refund.

**Refund Requests:** Refund requests may be granted if the department is notified in writing three working days before the first class. Refunds are NOT available for one-day classes/events, team athletics, trips, or special events. All participant-initiated refunds are subject to the Recreation Manager's, or designee's, approval. Once approved, refunded fees can be applied to any current season activities, donated to our scholarship fund, or refunded by check or credit card within 20 days after approval.

**REFUNDS RELATED TO RENTALS (PARK & FACILITY) AND DEPOSITS:**

**Facility Rentals** - Renters have three business days after the receipt of initial payment to cancel for a full refund, including deposit. After three business days, deposits are no longer eligible for refund due to cancellation. Rental fees may be eligible for refund after three business days as long as the request is received 30 calendar days prior to the event.

**Park Rentals** - Renters are only eligible for a refund of rental fees if the request is made thirty calendar days prior to the event.

**Special Event Rentals** - Renters have three business days after the receipt of reservation payment to cancel for a full refund, including deposit. After three business days, deposits are no longer eligible for refund due to cancellation. Rental fees may be eligible for refund after three business days as long as the request is received thirty calendar days prior to the event.

**A \$5 processing fee will be assessed to all refunds.**

**\*Applied fees/transfers will not be charged the processing fee.**

**PLEASE NOTE- CREDIT CARD REFUNDS CAN TAKE A MINIMUM OF 7 TO 10 DAYS TO PROCESS.**

**THE FOLLOWING INFORMATION MUST BE PROVIDED WITH REFUND REQUEST:**

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Title: \_\_\_\_\_ Session: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Customer Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Date/Time Rcd: \_\_\_\_\_ Approved (Initial): \_\_\_\_\_ Denied (Initial): \_\_\_\_\_ Reason Denied: \_\_\_\_\_

\_\_\_\_\_ Amt. Pd:\$ \_\_\_\_\_ Amt. withheld:\$ \_\_\_\_\_ Amt to refund:\$ \_\_\_\_\_

Approver/Programmer Signature

Data Entry in CP Completed by: \_\_\_\_\_ Notes: \_\_\_\_\_

**Submit Form Via:** Email, Mail, Fax, or delivered to our office. If you are faxing this request, please call (360) 442-5400 to confirm receipt: **2920 Douglas Street, Longview, WA 98632 Fax: (360) 442-5955 Email: [rec@mylongview.com](mailto:rec@mylongview.com)**