



SUNRISE RECREATION & PARK DISTRICT
7801 AUBURN BLVD. CITRUS HEIGHTS, CA 95610
(916) 725-1585

REFUND REQUEST

Date: _____

Parent/Payee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Activity: _____ Class Code: _____ \$ _____

Activity: _____ Class Code: _____ \$ _____

Activity: _____ Class Code: _____ \$ _____

Total Refund \$ _____

Participant's Name: _____ Date of Birth: _____

Participant's Name: _____ Date of Birth: _____

Participant's Name: _____ Date of Birth: _____

REASON FOR REFUND:

- Medical Class Cancelled Cut From Team Moved Out of Area

Explanation: _____

Program Dates: _____ Time: _____

Amount Paid: \$ _____ Paid By: *(Please circle one)*

Cash Check Credit Card Debit Card Expir. Date: _____

SIGNATURE OF PARENT/PAYEE _____



Office use only

Approved *Denied* By: _____ Date: _____

Amount of Refund: \$ _____ Receipt Number: _____

Manager Signature

Superintendent Signature

Sunrise Recreation and Park District
7801 Auburn Blvd. Citrus Heights, CA 95610
(916) 725-1585

REFUND POLICY

1. Full refund or credit will be given if the district cancels the program, for medical reasons, or the participant is cut from the program.
2. No refunds or credit after the class/program/league has had its second meeting.
3. A credit may be given for any program offered by the Sunrise Recreation and Park District.
4. All refund requests will be approved or denied by the Sunrise Recreation and Park District. All refund checks will be processed through the County of Sacramento and mailed to you within 4-6 weeks.
5. The Sunrise Recreation and Park District reserves the right to adjust the policy, depending upon the circumstances and the severity of the situation.