

**McKinleyville Parks and Recreation
Recreation Program Refund Request Form**

Issue Refund to: _____

Address: _____

City, State, Zip: _____

Phone: _____ Work: _____

Program: _____

Participant Name: _____

Reason for Refund: _____

Signature _____ Date: _____

Office Use Only

Date Program Started: _____ Program Fee Paid: _____

Date form received: _____ Receipt Number: _____

Refund from GL Account #: _____ Amount Refunded:\$ _____

Refund to: _____ Vendor #: _____

Supervisor Approval: _____ Date: _____

Parks and Recreation Director Initials: _____

General Manager Initials: _____ Check# _____ Date: _____