Cancellation/Refund/Credit Request

CITY OF SPARKS
PARKS AND RECREATION DEPARTMENT
Phone: (775) 353-2376 FAX (775) 353-2401
recinfo@cityofsparks.us

- **Completion of this form does not guarantee request will be approved. All requests must go through an approval process.**
- Request form must be received no later than the business day (M-F) prior to the session start date. Exceptions may be made due to verified medical issues. Verification must be attached.
- A full refund may be granted if a cancellation request form is submitted a minimum of 14 days prior to the program start date. If a cancellation request form is submitted less than 14 days prior to the program start date, the refund will be issued as a household credit only, **less a processing fee**.
- **Team Rostered Programs:** Cancellation form must be received one week prior to the date schedules become available.
- **Facility Rentals:** Rentals canceled no later than 30 days prior to the rental date will be refunded all paid fees **minus** the admin fee, insurance (if applicable) and reservation deposit. Cancellation of rentals under 30 days forfeit all fees.
- **Field Rentals:** Cancellation must be made 30 days in advance for full refund/credit. An admin fee will be applied to cancellations/ changes made between 8 days and 29 days. No refund/credit for cancellations/changes made 7 days or less.

To submit a cancellation request for a City of Sparks Parks & Rec program or rental, please fill out sections 1-4 below.

SECTION 1: General Information

Requestor's Name _____

Program Participant (If different from above) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Requestor's Signature _____ ☐ By Phone Date _____

I have read and understand the above listed guidelines. I understand that this is a request only and approval is not guaranteed.

SECTION 2: Course/Rental Information

Program/Activity _____

Program Date _____

Rental # _____

SECTION 3: Reason for Request

☐ Schedule Change or Conflict
☐ Relocation out of area
☐ Medical (Attach Doctor's Note)
☐ Other _____

SECTION 4: Requested Method of Refund/Credit

☐ Household Credit (Can be used for any future enrollment)
☐ Refund Check
☐ Credit Card Credit (Last Four Digits of Card Number _____ Exp. _____)

FOR OFFICE USE ONLY

SECTION 5: Refund Amount/Processing

Received By _____ Date _____Time _____

Apply Processing Fee ☐ Yes ☐ No

Refund/Credit Amount $ _____

Date Processed _____ By _____

Refund/Credit Type

☐ Household Credit ☐ Check ☐ Credit Card

SECTION 6: Staff Review/Approval

☐ Approved ☐ Denied

Approval 1 _____

Date _____

Approval 2 _____

Date _____