



Refund Request

Department Refunds & Satisfaction Guarantee - Full refunds will be issued to any participant registered in a program cancelled the Department. 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, notify the recreation office in writing prior to the second class to request a full refund. Exceptions to the above are to the discretion of the Parks & Recreation Director.

Participant initiated refunds may be granted if the department is notified in writing 3 working days before the first class. If request is submitted less than 3 days, a credit may be granted to the user's account. Credits must be applied by December 31ST of the same year. All remaining credits will be transferred into a scholarship fund for families in need starting January 1st of the following year. Should the requested cancellation reduce the program participation level below the required minimum, no refund or credit will be given.

Participant initiated 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. All refunded registration fees can be applied to any future activities, donated to our scholarship fund, or refunded by check within 20 days after approval. **A \$5 processing fee will be assessed for all refund requests.**

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**

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: _____