Fairfax County Park Authority
Refund Request Form

Refund Request Received Date:

Instructions: Complete this form and take it to your RECenter, fax it to 703-631-2004, or mail it to: **FCPA / Parktakes, PO Box 4606, Fairfax, VA 22038**. For questions or assistance, please call the registration unit at 703-222-4664, weekdays 9am to 4pm. Not all refund requests will be approved. *Please allow 5 days for review and processing, beginning on the date the request is received by the Park Authority.*

REFUND POLICY

CLASS REFUNDS

- FCPA will issue a full refund when a class or program is cancelled by FCPA.
- FCPA will issue a full refund when a class or program is changed by FCPA and the change makes it no longer desirable for the customer to continue with the class.
- An individual's request for a refund is defined as a request to completely withdraw from the program.
  - ♦ Refund requests for individually missed classes during a session will not be honored.
  - ♦ Requests received 14 or more days prior to the start date will receive a full refund.
  - ♦ Requests received 13 or fewer days prior to the start date will receive a full refund less a $10 processing fee.
  - ♦ Requests received on or after the start date will receive a prorated refund based on the number of classes that have passed less a $10 processing fee.
  - ♦ All requests for refunds must be submitted prior to the end of the session.

CAMP/WORKSHOP REFUNDS

- Camp/workshop refund requests must be received at least 14 days prior to the start date.
- All Camp/workshop refund requests will be subject to a $25 administrative fee.
- Requests received 13 or fewer days prior to the camp/workshop start date will not be honored unless accompanied by a doctor's note stating the child will not be able to attend.
- Requests received after a camp/workshop has ended will not be processed for any reason.

DAY TRIPS & TOURS REFUNDS

- Tour refund requests received 14 or more days prior to the trip date will receive a full refund or credit.
- Tour refund requests received 13 or fewer days prior to trip date will not be honored.

DATE: _____ MEMBER NUMBER (on your *PARKTAKES* back cover mailing label): _____

PRIMARY MEMBER NAME: _____ PARTICIPANT NAME: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

MEMBER ADDRESS: _____ _____ _____ _____
Street City State Zip Code

PROGRAM NAME: _____ PROGRAM CODE: _____

PROGRAM START DATE: _____ DAY / TIME: _____ LOCATION: _____

NUMBER OF CLASSES PASSED: _____ HAS THE CLASS ENDED? ❑ YES ❑ NO

REASON FOR REFUND REQUEST: (check one)

❑ Skill level of class not appropriate ❑ Dissatisfied with facility ❑ Program schedule changed
❑ Description did not match course ❑ Dissatisfied with instructor ❑ Program cancelled
❑ Child would not attend/participate ❑ Other (please explain) _____
_____

HOW WOULD YOU LIKE YOUR REFUND?

❑ CREDIT MEMBER ACCOUNT ❑ REFUND CHECK (may be up to 3 weeks before check arrives in mail)
❑ REFUND TO CREDIT CARD (fill in card information below or indicate "please call" to provide number by phone**)**

TYPE ❑ Visa ❑ Mastercard CARD NUMBER: _____ EXP DATE: _____

** ❑ I have read and understand the policies pertaining to refund requests as described on the top of this form.
Customer initials: _____ (Refund requests will not be accepted and/or processed without this box being checked)
Form revised: 1/5/2010