Fairfax County Park Authority

RECenters

Pass Refund/Exception Request Form

Name: _____ Member/Barcode Number: _____

Email: _____ Phone Number: _____

Address: _____
Street City State Zip

Pass Type: ☐ Leisure Fitness Pass (LFP) ☐ Discount Fast Pass (DFP) ☐ Other: _____

Requested Action:

☐ Inactivation/Extension	☐ Refund
Number of Days: _____	☐ Credit Member Account
Effective: ____/____/____	☐ Check
	☐ Credit Card
	____/____/____/____ EXP ____/____

Reason for request: _____

Extension/Inactivation:

- One inactivation per year may be requested for a **minimum of 30 day inactivation.**
- Additional requests will only be considered for medical reasons or military deployment. These requests will be handled on a case by case basis, require **additional documentation** and a 30 day inactivation period.
- Expiration date may not be extended beyond two years from original purchase date of the pass.

Refunds:

- Refunds are given for the unused portion of the pass from **date request received.**
  - LFP will be refunded by the number of days remaining times the daily rate
  - DFP and other fixed visit passes will be refunded by the number of visits remaining times daily rate.
- No refunds or extensions will be given for expired passes.
- Monetary refunds are given in the same manner of payment as received to the FCPA. If you paid by cash a check addressed to the primary account holder will be issued. Allow four weeks processing time for checks.
- Memberships sold to multiple participants (Family, 2 person, Sr. 2 person, Sr./Non Senior) must be refunded together as the complete package and cannot be separated to accommodate individual requests.
- A $10.00 processing fee will be assessed to all refunds.

Pass Holder Signature: _____ Date: ____/____/____

Return Application To RECenter For Processing

STAFF USE ONLY: Approved: ☐ Yes ☐ No Reason: _____

☐ Extension: Number of Days: _____ New Expiration Date: ____/____/____

☐ Inactivation: Beginning Date: ____/____/____ ☐ Early Reactivation? ____/____/____

☐ Refund: _____ x _____ = $_____
Days/Visits Daily rate

Staff Signature: _____ Date: ____/____/____