



# Fairfax County Park Authority Rec-PAC Refund Request Form



Rec-PAC refund requests must be received prior to the session's date.

- All Rec-PAC refund requests will be subject to a \$10 processing fee PER WEEK, PER CHILD.
- Requests received during or after the week being requested will not receive a refund or credit.
- Once a session begins, refunds will be given only for medical emergencies with a doctor's note.
- Requests received after Rec-PAC has ended will not be processed for any reason.
- All Partial Scholarships are not eligible for refunds.
- Absences and personal scheduling conflicts are not reimbursable.

DATE \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

PRIMARY MEMBER NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PARTICIPANTS NAME: \_\_\_\_\_

Rec-PAC LOCATION: \_\_\_\_\_

REQUEST REFUND FOR WEEK(S):     1     2     3     4     5     6

REASON FOR REQUEST: \_\_\_\_\_

REQUEST TO CREDIT MEMBER ACCOUNT  or  
 REFUND REQUEST BY     CHECK     CREDIT CARD

If refund is requested to a credit card, please provide the information below:

CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*Office Use\*\***

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Reason \_\_\_\_\_

Amount Credited or Refunded: \_\_\_\_\_ Date processed \_\_\_\_\_