



# Fairfax County Park Authority Rec-PAC Refund Request Form



Rec-PAC refund requests must be received a week prior to the start date.

- All Rec-PAC refund requests will be subject to a \$15 administrative fee PER WEEK, PER CHILD.
- Requests received after or during the week requested for a refund will not be receive a refund or credit unless accompanied by a doctor's note stating the child will not be able to attend.
- Requests received after Rec-PAC has ended will not be processed for any reason.
- All Partial Scholarships are not eligible for refunds.

DATE \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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 \_\_\_\_\_