



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 _____ 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 _____