

Fairfax County Park Authority Refund Request Form

Effective 1/3/17

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. Refunds are made as credits to the member's Parknet account unless otherwise requested. <u>Not all refund requests will be approved</u>. *Please allow 5 days for review and processing, beginning on the date the request is received by the Park Authority. All requests for refunds must be submitted prior to the end of the session.*

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.
- If individual meetings are canceled by the FCPA due to circumstances like inclement weather, a credit will be applied to your member account for any classes not made up at the end of the program session.
 - 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 \$15 processing fee.
 - Requests received on the class start date receive a prorated refund less one class and less a \$15 processing fee.
 - Requests received after the start date receive a prorated refund based on the number of classes remaining less \$15.

CAMP/WORKSHOP REFUNDS

- Camp/workshop refund requests must be received at least 14 days prior to the start date.
- <u>All</u> 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.

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.
- Requests received after a camp/workshop has ended will not be processed for any reason.

DATE:	ATE: 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 DAT	TE:]	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 Description did not match course Child would not attend/participate Other (please explain) HOW WOULD YOU LIKE YOUR REFUND? 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. EXP DATE: Customer initials:							
STAFF USE ONLY: Member registration & account verified: Date: By: MOD Initials							
Approved? 🛛 Yes 🗋 No If no, list reason: Apply processing fee? 🗖 Yes 🗖 No							
Amount credited /refunded: \$ Processed by: Date processed: Refund type: □ Full □ Prorated							
Revised 1/3/17							