



CITY OF BOYNTON BEACH
RECREATION & PARKS DEPARTMENT
REFUND REQUEST FORM

(Please print)

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Email Address (for receipt/confirmation): _____

Class Name: _____ Class Dates: _____

Reason for Request:

- (CANCL) Class was cancelled
- (CONF) Schedule or other conflict
- (ILL) Illness
- (LIKE) Not happy with the program; please tell us why _____
- (MIND) Decided not to participate/changed my mind
- (MOVED) Moving out of the area
- OTHER _____

I request (please check one):

- Credit (valid for 1 year)
- Refund (please note that refund checks take approximately three weeks)

Signature: Participant or Parent/Guardian if under 18 years of age

Date

Return to:

City of Boynton Beach Recreation & Parks Department
By Mail: PO Box 310, Boynton Beach, FL 33425-0310
In Person: Intracoastal Park Clubhouse, 2240 N. Federal Highway, Boynton Beach, FL 33435
Fax # (561) 734-7406

For Staff Use Only:

Staff Signature

Date

Fee Paid	\$	For Summer Camp Scholarships Only:	Amt. paid by participant	\$	
Less Fees (explain)	\$		Amt. paid by scholarship	\$	172-0000-115.07-00
Total Refund	\$				