



CITY OF BOYNTON BEACH  
RECREATION & PARKS DEPARTMENT  
**REFUND REQUEST FORM**

(Please print)

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

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