



TOWN OF SOUTHBURY

PARKS & RECREATION DEPARTMENT

561 Main Street South

Southbury, Connecticut 06488

203-262-0633



The Southbury Parks and Recreation Department sponsors a diverse range of events, activities, and programs for the youth and young at heart of the Town of Southbury. These offerings are designed to meet the physical, social, cultural and educational needs of the community for those of all ages. All programs are intended to be self-sustaining, and therefore require minimum enrollment numbers in order for a program/activity to be viable.

Full refunds are granted automatically if a program is cancelled for any reason. All other refund requests must be made prior to the end of a program/activity's registration period. Patrons who submit a refund request form after a program's registration has ended may be subject to a \$25 processing fee. Once a program/activity has started no refunds will be granted unless unexpected medical complications (injury/illness) prohibit active participation in the program.

This form should be submitted as soon as possible as we are not able to issue refunds for classes missed before this form is received. If a refund is granted for a medical reason the amount will be pro-rated to reflect the number of classes remaining, a Doctor's note must be attached for all medical refund requests. All non-medical refunds are subject to a \$25.00 processing fee if a program's registration deadline has passed. Please allow 4-6 weeks processing time. Submit form to the Parks and Recreation main office.

HOUSEHOLD DETAILS (all boxes must be completed)			
Participant Name:			
Requesting Person:			
Address:			
City/Town: Phone:		Zip Code:	
Phone:		E-mail:	
Program Name:			
REASON FOR REFUND REQUEST (please be specific)			

I understand that this request form will be reviewed by the Parks & Recreation Department, and that all refunds are issued at the discretion of the department staff. I also understand that my refund may be subject to a processing fee as described above.

Signature (required): Date:

OFFICE USE ONLY			
Received by:		Date Received:	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	
Staff Signature:			