

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 at least 7 days prior to the start of a program/activity. 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. All refunds are subject to a \$25.00 processing fee. Please allow up to 4-6 weeks processing time.

HOUSEHOLD DETAILS (all boxes must be completed).				
Participant Name:				
Requesting Person:				
Address:				
City/Town:			Zip Code:	
Phone:			E-mail:	
Program Name:				
DE A CON EOD DEELIND DEOLIEST (places he arreife)				
REASON FOR REFUND REQUEST (please be specific).				
I understand that this issued at the discretio described above.	request form will n of the departme	be reviewed by ent staff. I also t	the Parks & Recunderstand that my	reation Department, and that all refunds are y refund may be subject to a processing fee as
Signature (required): Date:				
		OFF	ICE USE ONLY	
Received by:			Date Receive	ed:
Approved:	□ Yes	□ No	Amount:	
Staff Signature:			,	

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