



CITY OF LOS ANGELES, DEPARTMENT OF RECREATION AND PARKS

EAGLE ROCK RECREATION CENTER



Refund Request Form

Payee Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

PROGRAMS ENROLLED IN:

Participant's Name: _____ Receipt Number: _____

<u>SPORTS LEAGUES</u>		
<u>SPORT:</u>		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Flag Football
<u>DIVISION:</u>		
<input type="checkbox"/> Mighty Mite / T-ball	<input type="checkbox"/> Pee Wee	<input type="checkbox"/> Minor
<input type="checkbox"/> Major	<input type="checkbox"/> Junior	<input type="checkbox"/> Girls

<u>DAY CAMPS & CHILD CARE</u>		
<u>PROGRAM:</u>		
<input type="checkbox"/> AfterSchool Club	<input type="checkbox"/> Preschool	
<input type="checkbox"/> Winter Camp	<input type="checkbox"/> Spring Camp	<input type="checkbox"/> Summer Camp
Week(s): 1 2 3 4 5 6 7 8 9 10		

<u>CLASSES</u>	
Name of Class: _____	
Class Meets on: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	

REASON FOR THE REFUND: _____

Full refunds are only issued when the Recreation Center cancels the activity. A %15 administrative fee is assessed for all refunds. Day Camp and Child Care registration fees are non-refundable in all cases. Refunds will not be issued after the first day of the activity / season.

I understand that the refund check will be sent via mail to the payee listed on the receipt. The check will come from the City of Los Angeles, Department of Recreation and Parks and may take from 8-10 weeks.

Payee Signature _____

Date _____

OFFICE USE ONLY

Date Processed: _____ Amount refunded: _____

Comments: _____

Approved by: _____