

**City of Burbank Parks & Recreation Department
CONTRACT CLASS PROGRAM
REFUND REQUEST FORM**



CONTRACT CLASS PROGRAM REFUND POLICY

All requests for refunds must be submitted in writing by completing the Contract Class Program Refund Request Form. Refund Requestor and Parent/Guardian must be responsible party listed on account. Refund Forms may be submitted directly to the Olive Recreation Center (1111 W. Olive Ave. Burbank, CA) or emailed to PR-ClassReg@BurbankCA.gov. Forms can be obtained at any Recreation/Community Center or online at www.BurbankCA.gov/RecreationGuide.

Refund/transfer requests must be received by Parks & Recreation staff a minimum of one (1) business day prior to the second- class meeting.

- No refund/transfer will be issued after the second-class meeting.
- All refunds will be assessed a \$10 processing fee per transaction.
- For classes/workshops lasting two (2) weeks or less, refund/transfer requests must be received a minimum five (5) business days prior to the start date of the class/workshop.
- In the event that a session is cancelled by the Parks & Recreation Department, a full refund will be issued.
- Make-up classes will not be offered unless cancelled by the Department or Contract Class Instructor.
- Medical Exemption: In the event that a medical emergency results in a withdrawal, a full refund may be given with valid documentation from an attending physician. All medical exemptions will be reviewed on a case-by-case basis by the supervisor. Refunds for medical exemptions will be pro-rated based on the number of class sessions remaining. Refunds for medical exemptions must be requested within two (2) weeks of the last day of the session.

Please submit the participants name, program name, start date, time, and class location for refund request.

PARTICIPANT NAME	PROGRAM NAME	START DATE	END DATE	LOCATION	REFUND AMOUNT

Please state the reason for the request:

Refund Requestor/Parent/Legal Guardian Name: _____

Refund Requestor/Parent/Legal Guardian Name Signature: _____

Date of Request: _____ Email: _____

Phone Number: Home Cell Other : _____

Office Use Only

Date Received: _____ Receipt: _____ Completed/Reviewed by: _____

Approved : Date Completed: _____ CPR CC

Not Approved : Reason for Disapproval: _____