

**City of Burbank Parks & Recreation Department
AQUATIC REFUND REQUEST FORM**



Refund Requestor: _____ Date of Request: _____

AQUATIC REFUND POLICY

All requests for refunds must be submitted in writing by completing the Aquatic Refund Request Form. Refund Requestor must be responsible party listed on BurbankParks account. Refund Forms may be submitted directly to the Verdugo Aquatic Facility in-person or emailed to burbankaquatics@burbankca.gov. Forms can be obtained at each pool (dependent on season) or online at www.burbankca.gov/aquatics. Incomplete or incorrectly submitted forms will not be processed. Original date of requests will not be honored.

- Refund/transfer requests for classes and teams must be received by Parks and 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 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 make-up class may be offered. If a make-up is offered, a refund will not be issued. A pro-rated refund will be issued for any session that does not have a make- up class.
- Make-up classes will not be offered unless cancelled by the Department.
- **Lap Swim Passes:** A \$10 refund processing fee will be accesses for each membership refund. A refund will not be issued for any membership with a remaining balance of the membership less than \$10. Refunds are memberships are prorated based on the time/amount remaining on the unused portion of the membership.
- **Go! Party Reservations:** Cancellations received 14 days prior to the event will be issued a full refund, minus the \$15 Application Fee. Cancellations within 14 days of the event, date will not be issued a refund, regardless of reason.

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

PARTICIPANT NAME	PROGRAM NAME	START DATE	START TIME

Reason for the request: _____

Requestor/ Responsible Party Signature: _____

Email: _____

Phone Number: _____

Staff Use Only

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

Approved Not Approved Date Completed: _____ CPR CC

Reason if not approved: _____