

**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 must be submitted directly to the Olive Recreation Center (1111 W. Olive Ave. Burbank, CA) or emailed to [PR-ClassReg@BurbankCA.gov](mailto:PR-ClassReg@BurbankCA.gov). Forms can be obtained at any Recreation/Community Center or online at [www.BurbankCA.gov/RecreationGuide](http://www.BurbankCA.gov/RecreationGuide).

- For classes/workshops lasting three (3) weeks or more, refund/transfer request must be received by Parks & Recreation Staff a minimum of one (1) business day prior to the second-class meeting.
- For classes/workshops lasting two (2) weeks or less, refund/transfer requests must be received a minimum five (5) business days (excludes weekends and City observed holidays) prior to the start date of the class/workshop.
- No refund/transfer will be issued after the deadline.
- All refunds will be assessed a \$10 processing fee per refund request form.
- 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.
- 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. 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:

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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: \_\_\_\_\_