



SANDY SPRINGS

RECREATION AND PARKS

REFUND REQUEST

Date: _____

Payer Name: _____
Last First

Address: _____
(Street) (City) (Zip)

Email: _____ Phone: _____

Program/Facility Information

(A \$10 Administration fee will be assessed for all refund requests except program cancellations by R&P)

Refund Request for (program/facility): _____

Participant Name: _____

Amount Paid: _____ Receipt #: _____

Reason for Refund: _____

Refund by check only. Check will be mailed to address listed above.

Office use only

Comments: _____

Refund amount: \$ _____ Less Admin fee: **(\$10)** _____

Total refund: \$ _____ Less other fees: _____

Approved Denied