Mission Oaks Recreation and Park District

Request for Reimbursement of Activity Fee

Date of Request _____ Receipt #_____

Activity/Class/Program_____ Fee Paid _____

Date of Activity/Class/Program _____

Payee Name _____Phone _____

Participant's Name (*if different from payee*) _____

Address _____

City _____ State _____ Zip Code _____

DISTRICT POLICY

Credit vouchers shall be issued in lieu of a refund check. Vouchers may be redeemed toward the cost of any other district activity (class, program, trip, etc.) within one year of the date originally issued.

A reimbursement of the fee will be granted should an injury or health problem (occurring prior to the activity beginning or during the first week of the program) prevent or impair participation in the activity, if requested prior to the end of the program; when the district cancels a program, class, or activity; or when a completed Request for Reimbursement of Activity Fee is requested in writing, and received in the district office a minimum of three business days before the program or activity begins.

Please indicate below your reason for the request for reimbursement.

- ❑ I am requesting a reimbursement of the fee due to an injury or health problem that occurred prior to the activity beginning.
- ❑ I am requesting a reimbursement of the fee due to an injury or health problem that occurred during the first week of the program.
- ❑ I am requesting a reimbursement of the fee a minimum of three business days before the program or activity begins.

_____

Signature of Participant or Parent (if participant is under 18 years of age)

FOR OFFICE USE ONLY Voucher #_____

- ❑ Approved in the amount of $_____
- ❑ Disapproved for the following reason(s) _____

_____

_____ _____

Administrative Services Manager Date