



Keith Chapman  
Town Manager

# TOWN OF NEWINGTON

200 Garfield Street Newington, Connecticut 06111

## Parks & Recreation Department

William A. DeMaio, CPRP  
Superintendent of Parks  
and Recreation

### Refund Request Form

Newington Parks and Recreation strives to provide excellent customer service and we make all attempts to provide high quality programs. All of our programs are intended to be self-supporting, and we must meet minimum enrollment numbers in order for a program to run. We depend on the revenue from program fees to pay our instructors, order supplies, etc.

No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund requests for medical reasons must be submitted to the Parks and Recreation Department and **must be accompanied by a note from the participant's physician.**

This form should be submitted as soon as possible as we cannot issue refunds for classes missed before a refund is requested. If a refund is granted for a medical reason accompanied by a physician's note, the amount will be pro-rated to reflect the number of classes remaining after the refund request form is received. A \$20.00 processing fee will also be deducted from any refund issued. Please allow up to five days for the processing of your refund request.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Reason for withdrawal (please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I understand that this request form will be reviewed by the Parks and Recreation Department, and that all refunds are issued at the discretion of the Parks and Recreation Department Staff. I understand that if I receive a refund, the amount will be pro-rated to reflect the number of classes remaining after this form is received by the Parks and Recreation office. I also understand that a \$20.00 processing fee will also be deducted from any refund that is issued.*

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Approved: YES NO By: \_\_\_\_\_ Amount: \_\_\_\_\_  
Staff Member

Date Received: \_\_\_\_\_ Granted (circle one): Refund Household Credit Receipt #: \_\_\_\_\_

24 Hour Program Information: (860) 665-8686 Phone: (860) 665-8666 Fax: (860) 665-8739  
parksandrec@newingtonct.gov  
www.newingtonct.gov