

# ***Saco Parks & Recreation Refund Request***

300 Main St. Saco Maine 04072

(207) 283-3139

Adult Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

## **Participants Information**

Participants Name: \_\_\_\_\_

Program Name & Number: \_\_\_\_\_

Payment Made: Cash \_\_\_\_\_ / Check \_\_\_\_\_ Check # \_\_\_\_\_

Reason for Requesting a Refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use back of sheet if needed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**One Request Per Form**

Please see The Saco Parks & Recreation Departments

Refund Policy for Request Qualifications

Refunds take 3 – 4 weeks to Process

**-----Staff Use Only Below This Line-----**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_