



CITY OF ESCONDIDO

Community Services Department
201 North Broadway
Escondido, CA 92025-2798
Phone: 760 839-4691
Fax: 760 739-7020



Refund Request Form

Payers Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Table with 3 columns: Participant name, Class name, First date of class. Two empty rows for data entry.

Method of Refund: [ ] Original Payment \* [ ] Credit on Account

Please review our refund policies:

- Refund requests may be submitted in person or emailed to recreation@escondido.org
Refunds will be applied from the date the request is received
Processing fees are non-refundable
Refunds back to original form of payment will incur a 25% service charge\*
Cash or check payments will be processed by check and may take up to 30 days
Refunds processed as credit on account expire after one year.

For all recreation and aquatics classes:

All requests for refunds or credits must be made before the last class. No refunds or credits will be granted for missed classes.

For week long Discovery camps:

Refunds or credits may be requested until the second day of camp. The amount of the refund or credit will be the camp fee, minus the daily rate (\$40), based on the number of days elapsed, regardless of attendance

For a one-time workshop or single day camp:

Requests must be made by 5:00 pm, two business days before the workshop is held

By signing below, you agree to the terms and conditions outlined in the policy above.

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

Office Use only

Date received: \_\_\_\_\_ Method received: [ ] Email [ ] In person
Receipt #: \_\_\_\_\_ Payers name matches [ ] Yes [ ] No