



**RIO LINDA ELVERTA
RECREATION AND
PARK DISTRICT**

Refund Request

(Refunds may take 4-6 weeks to process)

Date: _____ GL Account: _____

Name of Participant: _____

Program: _____

Refund Amount: \$ _____

Reason for Refund: _____

How would you prefer to receive this refund? (Please Check One Box)

Credited to card on file Mailed Check

Name/Check Payable to: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____

Office Use Only

District Approval

Date