



# Refund Request Form

Norwood Recreation  
 Department 165 Nahatan Street  
 Norwood, MA 02062  
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## REFUND POLICY

<u>Refund/Credit Policy</u>	<u>Refund</u>	<u>Account Credit</u>
Department Cancels Program	Full Amount	Full Amount
Department changes prohibit your attendance	Full Amount	Full Amount
Medical problem confirmed by a doctor's note	Full Amount/ Prorated	Full Amount/ Prorated
Withdraw 3 weeks prior to program start date	Refund & 20% fee	Full Credit
Withdraw less than 3 weeks prior to program start date	NO REFUND	NO CREDIT
<b>School of Dance</b> – If you have paid for all 3 sessions and withdraw prior to the session II start date.	Refund for Session II & III	Credit for Session II & III

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

Program Name: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

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

Payment method: Cash \_\_\_\_\_ Check: # \_\_\_\_\_ Credit Card

Reason for refund request: Medical illness \_\_\_\_\_ Personal Conflict \_\_\_\_\_ Class schedule

changed Other: \_\_\_\_\_

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

\*Please Allow 3-5 Days to Process\*

<b><u>Office Use Only:</u></b>	
Date Received: _____	Date Reviewed: _____
Refund Amount: _____	Signature: _____