

## **PATRON CREDIT REQUEST**

COMPLETION OF THIS FORM DOES NOT GUARANTEE A CREDIT.
ALL REFUNDS WILL BE ISSUED IN THE FORM OF A CREDIT UNLESS SPECIFICALLY REQUESTED.

Instructions: Please save this document on your desktop.

Complete form and then email to:

refunds@basinrecreation.org

KECKERITOK	Comp	dete form and	i then email to.			
Patron Name			Patron Signature: By signi listed below.	Patron Signature: By signing this form, you agree to the terms of the refund policies listed below.		
Mailing Address			Telephone Number		Date of Request	
City	State	Zip	Email			
CREDIT REQUEST or CANCI	ELLATION DETAI	LS				
Participant Name			Activity/Program Name ar	Activity/Program Name and Date		
Reason for the request:						
CANCELLATION POLICIES:						
All refunds will be issued in the for to the following policies:	m of a credit on the	patron's account	, unless specifically requested other	wise by the patron. P	ayments to the District are subject	
canceled by the District will be no credits or refunds for inclen Field Trip Camp Policy: Due to days of the field trip, he/she is fee if he/she cancels within sev credited. Youth Crew events an Adult Team Sports Policy: Before	refunded in full. The nent weather. the costs incurred responsible for fift ren (7) days of the ad Teen camps are ore the schedules a	by the District f y percent (50%) field trip. If the v considered Fiel are set, the Distr	of cancellation is given within set by applies to day camps, sports can for field trips, if a participant cancer of the entire fee. The participant is recated spot is filled, then eighty produced the d Trip Camps for purposes of this ict will provide a full credit/refund. credits or refunds will be given.	els within fourteen ( s responsible for on percent (80%) of the refund policy.	clinics and programs. There are (14) days but not within seven (7) ne hundred percent (100%) of the paid fee will be refunded/	
No credits or refunds will be gi	ven under any of th	ne above provisi	ions if the request is received afte	r the final day of the	e program.	
of three (3) months. Advanced Special Circumstance Policy:	onth passes are no passes will be pro ses may be put "or I notice is required If a participant can	-rated. No retroa n hold". Holds m not attend or co	active cancellations.  yay be granted for one (1) time only  ontinue an activity due to an illness		.,	
credit or refund may be grante	ed. A note from a d		·			
Additional Information:		ADM	IINISTRATIVE USE ONLY————			
			Credit Amount	Notes:		
Finance Approval	Date		Sales Tax			
Department Approval	Date		Admin Fee			
			Total Credit	_		