



LODI PARKS AND RECREATION
 BOOSTERS OF BOYS/GIRLS SPORTS ORGANIZATION
 125 NORTH STOCKTON STREET
 LODI, CA 95240
 (209) 333-6742

REFUND REQUEST

Date: _____

Sport: _____ League: _____

Class: _____ Session _____ Time: _____

Participant's Name: _____ Date of Birth: _____

Team Name or Number: _____

Parent/Payee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

REASON FOR REFUND:

- Medical Class Cancelled Cut From Team Moved Out of Area

Explanation: _____

Program Dates: _____ Time: _____

Amount Paid less Administration Fee: \$ _____ Paid By: *(Please circle one)*

Cash Check Credit Card Debit Card Expir. Date: _____

SIGNATURE OF PARENT/PAYEE _____

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Office use only

Approved *Denied* By: _____ Date: _____

Amount of Refund: \$ _____ Account Number: _____

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REFUND POLICY

1. \$5 Administration Fee is NON REFUNDABLE. No exceptions.
2. Full refund or credit will be given if the department cancels the program, for medical reasons, or the participant is cut from the program.
3. No refunds or credits after the class/program/league has had its second meeting.
4. A credit may be given for same program next time it is offered.
5. All refund checks will be given through the City of Lodi within 30 days, if approved.
6. If an expenditure has been made on behalf of a participant (i.e. insurance fees paid), that amount will be deducted from the total refund.
7. Department supervisors reserve the right to adjust the policy, depending upon the circumstances and the severity of the situation.