



**TOWN OF EAST LONGMEADOW**  
**RECREATION**  
*Fun Happens Here.*

**REFUND REQUEST FORM**

**Date of Request:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Payee (if different from above):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Reason(required):** \_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_

*\*Your signature on this form signifies that you will abide by the policies set forth by the East Longmeadow Recreation Department and Recreation Commission and you understand that it will take approximately 4-6 weeks to receive your refund.\**

**OFFICE USE ONLY**

PAID: \$ \_\_\_\_\_ PROGRAM START: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_

PROCESS DATE: \_\_\_\_\_

- Refund Requested:
- Medical Refund (Attach Dr's note)
- Program Cancelled by ELRD

ADMINISTRATIVE FEE:	\$
UNIFORM/EQUIPMENT FEE:	\$
CAMP DEPOSIT OR OTHER FEES:	\$
ADDITIONAL/MISCELLANEOUS FEE:	\$

STAFF INITIALS: \_\_\_\_\_

AUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_