



City of Wenatchee

**Parks, Recreation and Cultural Services Department**

1350 McKittrick Street, PO Box 519, Wenatchee, Washington 98807 • (509) 888-3284 • [www.wenatcheewa.gov](http://www.wenatcheewa.gov)

## **AQUATIC PROGRAM REFUND POLICIES**

### **1.0 General Policies**

The following general provisions apply in all instances:

- 1.0.1 Cancellations by the City of Wenatchee due to misuse of a facility or failure to follow facility policies may result in forfeiture of all fees, expulsion from the facility and denial of future use requests.
- 1.0.2 Refunds are subject to a Processing Fee unless waived by the City of Wenatchee or the program or facility reservation is cancelled by the City. The Processing Fee shall be equal to 25 percent of the registration or reservation fee rounded to the nearest \$.25.
- 1.0.3 A completed and signed Request for Refund Form, copy of original receipt and, if applicable, proof of injury or illness must be submitted for refund processing.
- 1.0.4 Refund requests for transactions of less than \$10.00 will not be accepted unless cancelled by the City.
- 1.0.5 Full refunds will be issued for programs or reservations canceled by the City of Wenatchee.

### **1.1 Aquatic Program Refunds**

1.1.1 To receive refunds for **swimming lessons**, the following criteria apply:

- 1.1.1.1 Seven calendar days or more to program start: To be eligible for a full refund less the Processing Fee, a written request must be submitted to the Parks, Recreation and Cultural Services Department a minimum of seven (7) calendar days prior to the scheduled start of the program.
- 1.1.1.2 Six calendar days or fewer to program start: To be eligible for a partial refund, a written request must be submitted to the Parks, Recreation and Cultural Services Department. Refunds will be issued for 50% of registration fee and will be given only for extended illness or injury. Proof of extended illness or injury is required. The Processing Fee is also assessed to partial refunds.
- 1.1.1.3 After program start: No refunds will be issued after the scheduled start of the program unless proof of extended illness or injury is provided. Refunds granted after the start of the program are subject to the Processing Fee and issued for a pro-rated portion of the registration fees based on the number classes remaining.

- 1.2.2 **Drop in Programs.** Participants in one time “drop in” programs are not eligible for refunds.
- 1.2.3 **Season passes:** The amount of the refund will be prorated (weeks/visits) based on the refund request date. Pool passes are non-transferable.
- 1.2.4 **Individual Public Swim Admissions:** In the event that City of Wenatchee closes the pool due to lightning, air quality, mechanical or other emergency situations with more than one half of the scheduled swim time remaining and does not reopen the pool, Rainy Day passes will be issued to guests who have paid for individual swim admissions. A record of the Rainy Day passes will be maintained. Rainy Day passes are valid for the current calendar year only and are non-transferrable.



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**AQUATIC PROGRAM REFUND REQUEST**

**CUSTOMER INFORMATION:**

Refund payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant name (Please complete a separate form for each participant): \_\_\_\_\_

**PROGRAM INFORMATION:**

Program Name: \_\_\_\_\_

**DAY (S):** Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**MONTH:** May June July August September

**DATE:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

**TIME:** From: \_\_\_\_\_ To: \_\_\_\_\_ **AMOUNT PAID:** \_\_\_\_\_

**REASON FOR REFUND REQUEST:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of requesting party: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form with a copy of your receipt to the location at the top of the page.**

**Please note, refund checks are issued following approval by the City Council. It may take several weeks before refund checks are mailed depending upon when the refund request is received in relation to when the next City Council meeting is held.**

For Office Use Only		
Amount paid: \$ _____	How paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check	
Less Administrative fees: \$ _____	Receipt #: _____ Copy attached <input type="checkbox"/>	
Less Prorated Amount: \$ _____	Transaction Code: <input type="checkbox"/> 5010 Swimming Lessons <input type="checkbox"/> 5031 Season Passes - Youth <input type="checkbox"/> 5032 Season Passes - Adult <input type="checkbox"/> 5033 Season Passes - Senior <input type="checkbox"/> 5034 Season Passes - Family	
Refund Amount: \$ _____		
Approved By: _____		Removed from roster: _____
		Approval Date: _____