



City of Wenatchee

Parks, Recreation and Cultural Services Department

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

DAY CAMP PROGRAM REFUND POLICIES

1.0 General Policies

The following general provisions apply in all instances:

- 1.0.1 Refunds are subject to a Processing Fee unless waived by the City of Wenatchee or the program 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.
- 1.0.2 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.
- 1.0.3 Refund requests for transactions of less than \$10.00 will not be accepted unless cancelled by the City.
- 1.0.4 Full refunds will be issued for programs canceled by the City of Wenatchee.
- 1.0.5 Requests to transfer registration to different program dates or times are subject to the transaction fee. The fee is equal to 25 percent of the registration fee for each transaction.

1.1 Day Camp Program Refunds

To receive refunds for day camp programs, the following criteria apply:

- 1.1.1 Thirty (30) calendar days or more to the program start date: 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 thirty (30) calendar days prior to the scheduled start of the day camp program.
- 1.1.2 Less than thirty (30) calendar days before the program start date: No refunds will be issued unless written proof of extended illness or injury is provided from a medical professional. Refunds are subject to the Processing Fee and will be issued for a pro-rated portion of the registration fees based on the number of registered dates remaining.



City of Wenatchee

Parks, Recreation and Cultural Services Department

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

DAY CAMP 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 (Please circle the days that this participant is registered for the program)

MONTH: June

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

MONTH: July

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

MONTH: August

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

REFUND INFORMATION (Please circle the days that you are requesting the refund for)

MONTH: June

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

MONTH: July

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

MONTH: August

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

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 <input type="checkbox"/> Credit Card |
| Less Administrative fees: \$ _____ | Receipt #: _____ Copy attached <input type="checkbox"/> |
| Less Prorated Amount: \$ _____ | Transaction Code: <input type="checkbox"/> 4200 Recreation Programs |
| Refund Amount: \$ _____ | Removed from online: _____ |
| Approved By: _____ | Approval Date: _____ |