



Mansfield Community Center

Family, Fitness & Fun

Mansfield Community Center * 10 South Eagleville Road * Storrs/Mansfield, CT 06268
860-429-3015 * Fax 860-429-9773 * www.mansfieldct.org

ACTIVITY REFUND REQUEST FORM

Primary Household Name: _____ Date: _____

Address: _____

City/Town: _____ Zip: _____ Phone: _____

Participant's Name: _____

Program: _____

Program Start Date: _____ Fee Paid: _____

Reason for request:

Signature of requesting person _____

POLICY: Due to costs associated with operating each program, we rely on a minimum enrollment to hold classes. Please understand that we cannot issue refunds (except for medical reasons, upon receipt of a physician's note) within seven days of the start of a program. Refunds for cancellations made more than seven days prior to the start of a program are issued, but a \$5.00 processing fee is charged.

How would you like your refund (if money is owed to you) processed?

1. Check mailed from Finance Dept. (3-4 weeks) _____
2. Refund credit card on file _____
3. Credit household account _____

FOR OFFICE USE ONLY

Request Granted: YES NO Activity # _____

Reason Not Granted: _____

Refund Amount: _____ Date: _____

Authorized Signature: _____