



Montpelier Recreation Department's Cancellation and Refund Request

Program Name: _____ Program Date: _____

Participant Information:

Full Name: _____ Date Requested: _____

Reason for Cancellation/Refund:

Person Requesting Refund:

Full Name: _____

Street or P.O. Box Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H) _____ (W) _____ (C) _____

Please Check One: Credit on Household Account Check by mail Credit Card

Signature (Person Requesting Refund): _____ Date: _____

Office Use Only

Program Cost: _____ Surcharge Amount: _____ Amount Refunded: _____

Date Processed: _____ Family Called? Y___ or N___

Approved by:
Programmer's Name: _____ Signature: _____

Submitted to: Accounts Payable Yes No

Charge Account # List amount to be refunded:

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____

\$ _____ (Account Number) _____