



TOWNSHIP OF WARWICK

Administration Building 1733 Township Greene, Jamison, PA 18929-1621

phone: 215/343-6100
fax: 215/343-4407
www.warwick-bucks.org

Request for Refund for Parks and Recreation Programs

Name of Participant: _____

Program(s) registered for: _____
(specify which session if there is more than one offered)

Reason for Request: _____

Date Requested: _____

Name of Parent or Guardian check is to be made payable to:

Address: _____

Signature: _____

Refunds will only be made if cancellation occurs two weeks prior to the start date of the event. Refund will be less a \$25 administrative fee. A Request for Refund Form must be obtained from the Parks and Recreation Department and filled out completely stating the reason why a refund is being requested before the refund will be processed.

No refund will be made after the two week prior to the start date unless a medical emergency arises at which point documentation would be required. This refund would be minus the \$25 administrative fee.

For Department Use only

Amount Paid: _____ Original method of payment: _____
(cash, check, credit card)

Amount to be Refunded: _____

Parks and Recreation Department Initials: _____