

TOWN OF SOMERS
RECREATION & LEISURE SERVICES
619 Main Street
Somers, CT 06071
(860)265-3840

Refund Request Form

Somers Recreation Department aims to provide outstanding customer service. We make every attempt to provide high quality programming. All of our programs are intended to be self-supporting and we must meet minimum enrollment numbers in order for a program to happen.

Refund requests must be received prior to 7 days before the scheduled start of a program in order to be considered. No refunds will be given if a request is received within 7 days of the start of the program unless there is an injury or illness that prevents participation in the program and is documented by a physician. If a refund is granted, the amount will be pro-rated to reflect the number of days remaining in the program from the date this Refund Request Form was submitted. ***All refund requests will be assessed a \$20.00 administrative fee.***

This form should be submitted as soon as possible as we cannot issue refunds for programs missed before a refund is officially requested.

Participant's Name: _____

Address: _____ Phone: _____

Program Name: _____ Fee Paid: _____

Reason for withdrawal (please be specific): _____

I understand that this request form will be reviewed by the Somers Recreation Department, and that all refunds are issued at the discretion of the Recreation Department staff. I understand that if I receive a refund, the amount will be pro-rated to reflect the number of days remaining after this form is received.

Signature (required): _____ Date: _____

Office Use Only

Received by: _____ Date Received _____

Approved: YES NO Amount: _____