

Enfield Recreation Department
124 North Maple Street
Enfield, CT 06082

Phone: 860-253-6420

Fax: 860-253-5147

Please print clearly (ineligible forms will delay processing)

Name: _____ **Phone Number:** _____

Mailing Address: _____

Participant Name *(if different from above):* _____

Program Withdrawal Policy:

If you would like to request withdrawal from a program, you must fill out a withdrawal request form and submit it to the Recreation Department as soon as possible with any pertinent documentation attached.

Due to limited space in our programs, refunds are not given unless for a medical reason, upon receipt of a doctor's note, one week prior to the program's start. Once a program has begun, no refunds are given unless there is a case of a medical emergency with submission of a doctor's note. Extenuating circumstance, which are not medical in nature, will be reviewed on a case-by-case basis and are subject to if we can fill your spot in the program. Refunds will not be given for any reason for sessions which have already been completed, prior to the Recreation office receiving a refund request.

A 10% processing fee will be charged on all refunds or program transfers regardless of reason. Withdrawal request forms may be found on the Town's website and at the Recreation office. Your request will be processed in 7 - 10 business days.

| Program Name | Program Start Date | Fee |
|---------------------|---------------------------|------------|
| | | |
| | | |

Reason for Request: _____

Please attach any appropriate documentation you have to help us process your request.

For office use only:

Date received: _____

Received by: _____

Approved: ____ Disapproved: ____

Reason: _____

Administrative fee: _____

Total due customer: _____

Refunds Only: ____ Refund to Credit Card

____ Refund Check (P.O. Number: _____)

Program Coordinator/Date

Recreation Manager/Date