

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 circumstances, 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. **NOTE: Some programs have different refund policies due to the contractor or the advanced purchase of supplies. You will be notified of this at time of registration.**

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: \_\_\_\_\_)

\_\_\_\_\_  
Asst. Recreation Manager/Date

\_\_\_\_\_  
Recreation Manager/Date