



## City of South Miami Parks and Recreation Department Refund Request Form

Refunds are not guaranteed and must be approved by the Parks and Recreation Director before being processed.

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
First Last

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting a refund for (Check one and include name of facility, park, or course):

- Facility rental fee: \_\_\_\_\_
- Pavilion rental fee: \_\_\_\_\_
- Course registration: \_\_\_\_\_
- Other: \_\_\_\_\_

Date of rental: \_\_\_\_\_ Refund amount requested: \$\_\_\_\_\_ (Refunds are processed through the finance department and a check for the refund amount will be issued. Please note that it could take up to six weeks to receive a refund check)

State reason for refund request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature indicates that I have read and understand the policies related to refund requests and certify that all information provided above is correct.

Name (print clearly): \_\_\_\_\_  
First Last

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Director Approval Required:**

\_\_\_ Approved. Amount Approved for refund \$\_\_\_\_\_ \_\_\_ Denied. Reason: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_