



6400 Dublin Park Dr. Dublin, Ohio 43016
Phone: 614-791-7849 Fax: 614-791-3044

Refund Request Form

All Refunds will be charged a \$20.00 processing fee.

Program Name: _____

Program Dates and Times: _____

Participant Name: _____

Reason for Refund: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____

Method of Original Payment: _____

Name of Person Making Request: _____

Signature: _____ Date: _____

All refunds are subject to approval. Refunds take approximately 3-4 weeks to process. If you paid by check or cash, a check for the refund amount will be mailed to your address. If you paid by credit card, the charges will be applied back to the card which payment was made. All checks will be mailed out to the name that was on the original check, no exceptions.

DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY

Date Approved: _____ Approved By: _____

Date Processed: _____ Processed By: _____

Original Receipt Number: _____ Refund Receipt Number: _____

Refund Amount: _____