



REQUEST FOR REFUND/TRANSFER

To: City of Oakwood Parks & Recreation Department
Oakwood Community Center
105 Patterson Rd.
Oakwood, Ohio 45419

From: _____

I hereby request a refund for the following pursuant to the OCC Refund/Transfer Policy:

Current Activity Name/Number/Dates: _____

Transfer To (If applicable): _____

Participant's Name: _____

Receipt Number: _____ Date on Receipt: _____

Reason for Refund/Transfer: _____

FORM OF PAYMENT: Amount Paid for Activity: \$ _____
 CASH
 CHECK Administration Fee: \$ -5.00
 MC/VISA/AMEX/DISCOVER
Total Amount of refund Requested: \$ _____

Date Signature of Person Requesting Refund/Transfer

*****PLEASE ALLOW 21 DAYS FOR RECEIPT OF REFUND*****

**Transfers or refunds will be issued upon written request through the first day of the activity and prior to the second meeting. A refund or transfer cannot be granted if by doing so results in below minimum registration causing cancellation of that activity. A refund or transfer cannot be granted if the request is submitted after a Program Registration Deadline.

FOR OFFICE USE ONLY

Date Deposited: _____ Transfer Receipt Number: _____ Date Request Received: _____

Received by: Personal Delivery
 Mail (attach post-marked envelope) E-Mail

Date Parks & Recreation Supervisor APPROVE DISAPPROVE

FOR USE BY FINANCE DIRECTOR

Refund Issued: _____ Check Number: _____