

REFUND REQUEST FORM - Please Print



Enrollee Name _____ Phone # _____

Class Name _____

Date Class Starts _____ Today's Date _____

Reason for Request _____

****See REFUND POLICY Below****

Credit refund amount to your account to be used for future registration (No Service Fee)

Refund back to credit card (10% Service Fee)

Refund check (20% Service Fee)

Payable to: Name of person who paid for class _____

Address _____ City _____ Zip _____

West Allis-West Milwaukee Recreation & Community Services Department Refund Policy

The policy of the West Allis-West Milwaukee Recreation & Community Services Department to refund registration fees only under the following circumstances:

1. A refund request form must be completed.
2. 2 business days or more prior to the start of a class a full refund will be given **minus 20% service fee for a refund check & 10% service fee for refund via credit card**
3. **To avoid a service fee**, class/program fee can be credited to your account for future use.
4. Less than 2 business days prior to the start of a class/program, but prior to the start of second half, 50% refund will be given.
5. After the first half of the class has passed, no refunds will be given.
6. A full refund will be given when the WAWM RCS cancels a class.
7. Separate refund policies apply below. Please call 414-604-4900 for further information.

7a. Adult sports: 50% refund will be given prior to the schedules being printed. No refunds will be given after that occurs.

7b. Trips: Refunds will be given only if a participant on the waitlist fills your spot. Reservations are transferable and may be given to another person if you cannot attend trip.

7c. Non-School Day Camps: Refunds will not be available once program has started, if absent due to illness please call ahead and a credit may be offered.

7d. Before & After School Action Programs: After a quarter has started, no refunds will be issued. Future quarters that have not started yet may be refunded.

FOR OFFICE USE ONLY:

Initials of person taking request: _____ Date: _____ * Attach registration receipt

Supervisor's approval: _____ Date: _____

Registration Fee: \$ _____ less \$ _____ = Total \$ _____
Administrative Fee