



Reimbursement Request Form

Please read the reimbursement policy entirely and complete the information below.
Email the completed form to wawmrec@wawmsd.org or fax it to 414-327-9116.

WAWM RCS Department Reimbursement Policy

The policy of the WAWM RCS Department is to reimburse registration fees only under the following circumstances:

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

6a: Adult sports: 50% refund or credit will be given prior to the schedules being printed. No refunds or credits will be given after that occurs.

6b: 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.

6c: Non-School Day Camps: Cancellations made in advance of 7am the day of camp will receive a refund or credit to your WAWM RCS Department account. Refunds/credits will not be available after 7am day of the camp.

6d: Before and After School Action Programs: After a quarter has started, no refunds or credits will be issued. Future quarters that have not started yet may be refunded/credited.

Please complete the information below:

Enrollee Name: _____ Phone Number: _____

Class Name: _____ Registration Code: _____

Date Activity Starts: _____ Today's Date: _____

Reason for Request: _____

Please review reimbursement policy above before selecting your choice:

Credit amount to your WAWM RCS Department account to be used for future registrations.

Refund back to credit card that was used for original purchase.

Refund check.

Payable to: Name of person who paid for class: _____

Address: _____ City: _____ Zip: _____

For Office Use Only:

Request Received By: _____ Date: _____ * Attach original registration receipt

Registration Fee Paid: \$ _____ Less \$ _____ = Total Refunded \$ _____

Supervisor Approval: _____ Date: _____