



Town of Riverhead Recreation Department
200 Howell Avenue
Riverhead, NY 11901
(631) 727-5744

REFUND/ CREDIT REQUEST FORM

DATE: _____

PRIMARY GUARDIAN NAME: _____

ADDRESS: _____

REASON FOR REFUND/CREDIT: _____

PARTICIPANT'S NAME: _____

CLASS TITLE: _____

SIGNATURE: _____

*****PLEASE NOTE: ALL PROGRAM FEES INCLUDE A NON-REFUNDABLE \$5.00 PROCESSING FEE. ALL REFUNDS WILL BE MAILED TO THE PARTICIPANT APPROXIMATELY FOUR (4) WEEKS AFTER THE REQUEST IS SUBMITTED.**

FOR OFFICE USE ONLY

ORIGINAL RECEIPT # _____ AMOUNT: \$ _____ TYPE OF REFUND: CHECK CHARGE

PROGRAMMER INITIALS _____

NOTES: _____
