

**South Whidbey Parks & Recreation District**  
**5475 Maxwellton Road, Langley, WA 98260**  
**Phone (360)221-5484 | Fax (360)221-7323 | swparks@whidbey.com**

**Refund Guidelines:**

1. Full refunds will be given for all classes cancelled by SWPRD.
2. Refunds requested and submitted in writing using the Refund Request Form before the early fee deadline date (or at least 5 business days before start of program if no early fee deadline) will be subject to an 10% service fee, with a minimum service fee of \$10.
3. SWPRD account credits requested and submitted in writing using the Refund Request Form before the early fee deadline date (or at least 5 business days before start of program if no early fee deadline) will be good for one calendar year from issue date, for the full fee paid and will not be subject to service fee.
4. Refunds or credits will not be issued if cancelled after deadline date or within 5 business days of program start.
5. To request a refund, a Refund Request Form must be submitted to the SWPRD office in writing. Verbal requests will not be honored. Forms are available at the SWPRD office or online. Please be aware that refund requests may take up to 45 days to process.
6. Refunds will not be issued from an account credit.
7. Refunds will not be issued for programs costing \$10 or less (unless cancelled by SWPRD).
8. One day classes, trips, or special events are not covered under this policy (no refunds or credits available).
9. Certain contract programs, indicated with this symbol: §, have their own refund policies. Contact the contractor directly to inquire about their specific policy.

**REFUND REQUEST**

Participant Name \_\_\_\_\_

Requestor/Payee \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Program Name \_\_\_\_\_ Date/Session \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check here if you would prefer a SWPRD account credit instead of a refund (see line 3 above).

<b><i>For Office Use Only</i></b>		
Date Request Received _____	Unsatisfied _____	SWPRD CANCEL _____
Program Cost \$ _____	Processing Fee \$ _____	Notes _____
Refund Amount \$ _____	Credit Amount \$ _____	Approved by ____ on ____