

**TOWN OF WATERTOWN
PARKS & RECREATION DEPARTMENT**

61 ECHO LAKE ROAD, WATERTOWN, CT 06795
(860)945-5246

The Watertown Parks & Recreation Department sponsors a diverse range of events, activities, and programs for the youth and young at heart of the Town of Watertown. These offerings are designed to meet the physical, social, cultural and educational needs of the community for those of all ages. All programs are intended to be self-sustaining, and therefore require minimum enrollment numbers in order for a program/activity to be viable.

Full refunds are granted automatically if a program is cancelled for any reason. All other refunds must be requested a week prior to the program/activity's registration period. Patrons who submit a refund request form after a program's registration has ended may be subject to a \$25 processing fee. Once a program/activity has started no refunds will be granted unless unexpected medical complications (injury/illness) prohibit active participation in the program.

This form should be submitted as soon as possible as we are not able to issue refunds for classes missed before this form is received. If a refund is granted for a medical reason the amount will be pro-rated to reflect the number of classes remaining, a Doctor's note must be attached for all medical refund requests. All non-medical refunds are subject to a \$10 processing fee if a program's registration deadline has passed. Please allow 1-2 weeks processing time. Submit form to the Watertown Parks & Recreation Dept.

HOUSEHOLD DETAILS (all boxes must be completed)

Participant Name: _____
Requesting Person: _____
Address: _____
Town/Zip Code: _____
Phone: _____ **Email:** _____
Program Name: _____

REASON FOR REFUND (please be specific)

I understand that this request form will be reviewed by the Watertown Parks & Recreation Dept., and that all refunds are issued at the discretion of the department staff. I also understand that my refund may be subject to a processing fee as described above.

Signature (required): _____ **Date:** _____

OFFICE USE ONLY

Received by: _____ Date Received: _____
Approved: Yes or No Amount: _____
Staff Signature: _____