

**Lumpkin County
Parks and Recreation Department**



Program Refund Request Form

Make Check Payable To: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Refund Amount Due: _____ Reason: _____

Program: _____

Participant's Name: _____

A \$15.00 administrative fee will be deducted from original amount paid for all refunds. No refunds will be given once the season/session has begun unless it is medically related. Lumpkin County reserves the right to process full refunds based on individual circumstances when families have to relocate outside of Lumpkin County.

Signature: _____ Date: _____

– Office Use Only –

Charge to Account Number: 100 – 004 – 61220 – 00034 – 347503

Staff Signature: _____ Date: _____