

Barrow County Parks and Recreation
 175 2nd St Winder Ga 30680
 Phone (770) 307-3024
 Fax: (770) 867-1039

ATHLETIC REFUND FORM

Participants Name: _____ **Participants Age:** _____

Athletic Activity/ Team Name: _____

Check Made payable to: _____

Address for check to be mailed: _____

Reason for Refund:

Signature: _____ Date: _____

Refund Policy: A refund will not be given without justifiable request. Refunds or credits will not be granted after the first date of competition. If you request a refund at least 3 business days before the session begins, you will have two options: (1) Receive an immediate credit for the full amount towards your next registration fee: (2) Receive a refund, minus a 20% administrative fee within 10 business days of your request in writing. A credit will be issued in the event an activity cannot be completed due to a documented medical problem. The amount of credit given will be at the director's discretion. If the participant withdraws due to injury after the first date of competition, a refund will be prorated.

Parks & Recreation

OFFICE USE ONLY

Uniform ordered: Yes _____ No _____

Adult _____ or _____ Youth

Additional Comments: _____

BCPRD Staff Signature: _____ **Date:** _____