



175 2nd St. Winder Ga. 30680
Phone: 770-307-3024 Fax: 770-867-1039

FACILITY RENTAL REFUND FORM

Renter's Name _____ Phone: _____

Address: _____

Rental Activity Description _____

Facility Rented _____ Date(s) Rented _____

Renter Signature _____ Date _____

BCPR Signature _____ Date _____

Reason for Refund Request:

OFFICE USE ONLY

Additional comments

BCPR Staff Signature _____ Date: _____