



City of Los Angeles Department of Recreation & Parks
WABASH RECREATION CENTER

2765 Wabash Ave. Los Angeles, CA 90033
 (323) 262-6534 wabash.recreationcenter@lacity.org



REFUND REQUEST FORM

REFUND POLICY:

Full refunds are only issued when the Recreation Center cancels the activity. **A 15% admin fee is assessed on all refunds.** After the first day of a session, the Recreation Center may issue a partial refund to patrons withdrawing from the activity. Additional Fees may be charged for any classes or games the patron attended, uniforms, or trophies ordered. **REFUNDS CAN TAKE UP TO 6-8 WEEKS TO PROCESS.**

PATRON/ACCOUNT HOLDER INFORMATION: (PLEASE WRITE INFORMATION NEATLY)

First Name:		Last Name:	
Address:	City:	Zipcode:	
Best Contact #:		Email:	

ACTIVITY INFORMATION: (WRITE/CIRCLE INFORMATION BELOW)

Participant Name: _____

Year: _____ Session: Winter Spring Summer Fall

Activity Type: Sports League Class Camp Other: _____

Activity Name/Sport Division : _____

REASON FOR REFUND: (CIRCLE REASON OR WRITE IN DIF. REASON)

Activity Canceled by Recreation Center Scheduling Conflict Practice Conflict

Illness/Injury (Doctor's note required for full refund) Other: _____

Patron's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Staff Received By: _____	15% Administrative Fee
HHID: _____	Other Fee(s): _____
Amount Paid: _____	(\$ _____ x #of* Attended)
	*classes, camp days, games, etc.
	Total Refund
	Refund Type: <input type="checkbox"/> Check/Credit <input type="checkbox"/> RecTrac Credit

Key: 15% Admin Fee		
\$10 (1.50)= \$8.50	\$50 (7.50)= \$42.50	\$60 (9.00)= \$51.00
\$65 (9.75)= \$55.25	\$90 (13.50)= \$76.50	\$200 (30.00)= \$170.00

RT: _____	Date: _____	TW: _____	Date: _____
Director's Signature: _____		_____	Date: _____
Supervisor's Signature: _____		_____	Date: _____
Notes: _____			