



# REQUEST FOR CREDIT/REFUND PROGRAMS & FACILITIES JAMES CITY COUNTY PARKS & RECREATION

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ TYPE OF CLASS \_\_\_\_\_

REASON FOR CREDIT/REFUND \_\_\_\_\_

CREDIT  REFUND  (3 weeks to process) CLASS # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CSA INITIALS \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

REQUEST APPROVED  REQUEST DENIED  REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
AMOUNT OF CREDIT/REFUND

\*To check on the status of your request please contact:  
Dolores Durling at (757)259-5414 or ddurling@james-city.va.us