Renewal Date:

(Program Coordinator/Date)

(Director/ Date)

CITY AND COUNTY OF BROOMFIELD RECREATION SERVICES DEPARTMENT

Refund/ Customer Credit/ Cancellation Request

Please read all the information on this request form and fill in all of the blanks. Incomplete requests cannot be processed. Completed forms may be sent by secure e-fax to 303-410-3830, emailed to passcancel@broomfield.org,

or complete online and EMAIL NOW! (Reset Form) Participant Name_______Requestor_____ (If different than Participant) Street Address _____ Phone ___ Email _____ (Include City, State and Zip Code) Reason for Request (illness, injury, moving, etc.) Please choose one: ☐ I AM REQUESTING TO CANCEL MY ANNUAL PASS/PUNCH CARD TYPE OF PASS (individual/family pass, facility/fitness punch card) ______ ☐ I AM REQUESTING TO WITHDRAW FROM A CLASS/PROGRAM CLASS (name/code number) ______ Participant Name _____ I am requesting a (please check one): \Box Customer Credit — This credit will be retained on your account with Recreation Services to be used for future class registrations. If not used with two years, it will be forfeited. □ Refund — If the original payment was cash or check, you will receive any refund due by check. If the original payment was a credit card charge, any refund due will be applied to your card. REFUND/CUSTOMER CREDIT/CANCELLATION POLICIES Pass Cancellations • Please note that if you have a Recreation Pass, there are no refunds for partial months and there are no cancellation fees. However, due to the necessary time required for processing, request forms turned in less than five business days prior to your monthly scheduled payment day will be processed the following month. • All punch card refund requests will be pro-rated as of the date received and assessed a \$10 cancellation fee per punch card. Class/Program Withdrawals • There will be no refunds given except for classes cancelled by the Recreation Services Department or in the case of proven hardship and with the approval of the Recreation Services Director. All requests after the session has begun will be pro-rated (whether attended or not) and assessed applicable administrative and cancellation fees as of the date received. If you are on the scheduled payment plan, any future payments will be cancelled. A minimum \$10 fee is assessed on all program refund requests. Additional fees may apply. For complete information, please contact the program coordinator. Processing Please allow at least five business days for this request to be reviewed for approval or disapproval. If the request is approved and you are due a check refund, please allow an ADDITIONAL eight to ten business days for check processing. ☐ I have read and understand the refund/customer credit/cancellation policies. Signature: _____Date Requested: _____ For Office Use Only Date Received_____Phone/Walk-in/Fax____Location -BCC/PDRC____Clerk___ Amount Paid Miscellaneous Administrative/ Cancellation Fees: _____(\$10/ \$25/ \$50)

Total due customer:

Approved: ____

Request Approved by: _____ Disapproved by: _____

_____ Disapproved: ____

(Program Coordinator/ Date)

(Director/ Date)