



TOWN OF SILER CITY PARKS & RECREATION

PARENT REFUND REQUEST FORM

THIS FORM MUST BE COMPLETED AND TURNED IN PRIOR TO THE START OF TEAM PRACTICES
NO REFUND REQUESTS WILL BE HONORED AFTER THE START OF TEAM PRACTICES

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Sport/Activity: _____

Reason for Refund Request:

Schedule Conflict

Decided Not To Play

Illness/Injury

Moving Out Of Area

Dissatisfaction Reason: _____

Other Reason: _____

Parent/Guardian Signature

Date

OFFICE USE:

10-365-0100

Refund Amount:\$ _____

Receipt# _____

Date Received: _____

Approved Denied Reason: _____

Approved By: _____ Date: _____