

Town of North Salem Recreation Department
3 Owens Road PO Box 163, Croton Falls, NY 10519
914-669-5665 recreation@northsalemny.gov

REFUND REQUEST FORM

All refund requests must be made in writing, using this form. Please complete the below form, review the refund policy, and return to recreation@northsalemny.gov or mail/drop off to the address above.

Email address:		Date:	
Original payment made by (name):		Mailing address:	
Participant name/names:		Program/event name:	
		Refund amount requested:	
Reason refund is being requested:			

**Please verify all information above is correct – if approved, payment will be issued to this name and address.*

Reminder: North Salem Recreation Dept Refund Policy: Registration convenience fees incurred during enrollment are non-refundable for any reason, including program cancellation by the North Salem Recreation Department. Refunds will not be given for scheduling conflicts. All refund requests must be made in writing to the Superintendent of Recreation for consideration. All programs are subject to changes and/or cancellation due to a variety of factors, some of which may not be under the control of the Town of North Salem. All refunds must be approved by the North Salem Town Board. All approved refunds, regardless of original payment method, will be issued by check only. **Cancellation by the North Salem Recreation Department** - A full refund will be given if the program is cancelled by the Recreation Department prior to the program's start (less registration convenience fees). **Participant Initiated Cancellation** - A \$20.00 processing fee for all approved refunds will be assessed for participant initiated cancellation. **Relocation:** If a participant moves from Town, a full or pro-rated refund will be made based on the number of days the participant attended (less processing fee and registration convenience fee). Proof of re-location must be presented. **Illness/Injury:** If a participant becomes ill or injured for an extended period of time (at least one week), a full or pro-rated refund (less processing fee and registration convenience fee) will be made. A doctor's medical note must accompany the request, and the request must be made prior to the end of the program. **Extenuating Circumstances:** If a participant must withdraw from a program during the first two sessions because of extenuating circumstances (such as a physical or emotional inability to complete the program), a pro-rated refund will be issued (less processing fee and registration convenience fee). **Refund Schedule for Participant Initiated Cancellation - North Salem Day Camp at Mt. Lakes:** Refund requests received prior to June 1st will be issued in full (less processing fee and registration convenience fee). Refund requests received between June 1st and prior to the first day of camp will be issued for 75% of the tuition fee paid (less processing fee and registration convenience fee). After the first day of camp, refunds will not be given for any reason, except for those listed above in "Participant Initiated Cancellation." **All Other Recreation Programs:** Once the program has started, refunds will not be given for any reason, except for those listed above in "Participant Initiated Cancellation."

Signature: _____ Date: _____
(Parent signature if participant is a minor)

Printed Name: _____

Office Use Only

Refund amount approved:

\$	
\$ -	Administrative fee
\$	TOTAL REFUND DUE

☐ Account Statement Attached

☐ Approved by: _____
Date: _____