



# CITY OF MIRAMAR

## MIRAMAR AQUATICS- REFUND REQUEST FORM

FACILITY – REGIONAL PARK AQUATIC COMPLEX: \_\_\_\_\_ EAST AQUATIC COMPLEX: \_\_\_\_\_

### SWIM PROGRAM REFUND REQUEST GUIDELINESS:

ANY CANCELATIONS OR REFUNDS REQUEST MUST BE REQUESTED AT LEAST SEVEN DAYS PRIOR TO THE BEGINNING OF THE SESSION ALONG WITH THE ORIGINAL RECEIPT.

THERE WILL BE **NO REFUNDS** SEVEN DAYS PRIOR TO BEGGINNING THE SESSION AND/OR WITHOUT THE ORIGINAL RECEIPT.

The refund request form must be properly fill up and signed by the customer.

REFUND REQUEST FORMS can be PICKED UP, FILLED UP AND dropped @ Regional Park Aquatic Complex- 2300 Civic Center Drive, Miramar, Florida 33025 (954) 641-0151 AND/OR East Aquatic complex 6920 SW 35 street. Miramar 33025 (954) 894-3133

OR CAN BE SENT Via Fax- (954) 602-4613

### ATTENTION CUSTOMERS

- Customers are required to bring their original receipt in order for us to process the refund. **NO RECEIPT, NO REFUND**
- Please note that **Incomplete REFUND REQUEST FORMS will not be process.**
- Finance **will only return money to the CUSTOMER** who gave the check or the money order to the city
- Customers , please note, that the refund process may **take up to 6 weeks**

<b>REQUESTOR'S NAME</b>		<b>REQUESTOR'S SIGNATURE</b>		<b>DATE</b>						
<b>REQUESTOR'S FULL ADDRESS</b> <small>INCOMPLETE ADDRESS WILL NOT BE PROCESS PLEASE DOUBLE CHECK ADDRESS</small>										
<b>REQUESTOR'S PHONE NUMBERS</b>	HOME (      )		CELLPHONE (      )							
<b>PARTICIPANT NAME</b>				<b>AMOUNT REQUESTED</b> Finance will only return money to the person who gave the check or money order	\$					
<b>PROGRAM REGISTERED PLEASE (CHECK MARK)</b>	SWIM CLASS		PARTY RENTAL		SWIM TEAM		ONE TO ONE		OTHER	
<b>REASON FOR CANCELATION</b> <small>Customers if you need more space use the back part of this form.</small>										

**OFFICE USE ONLY-** SITE SUPERVISORS BEFORE THIS FORM IS TURNED INTO FOR FINAL REVIEW AND APPROVAL. COPY OF THE FOLLOWING DOCUMENTS PERTAINING THIS REFUND MUST BE ATTACHED TO THIS FORM

REFUND REQUEST FORM FULLY COMPLETE	DEPOSIT SLIP FROM THE CITY	COPY OF THE SWIM CLASS WAIVER/ AND OR RENTAL REQUEST FORM.	COPY OF THE DR'S NOTE (IF REQUIRED)	COPY OF THE CHECK/MONEY ORDER AND OR CREDIT CARD APPROVAL SLIP	COPY OF THE RECEIPT THAT WAS GIVEN TO THE CUSTOMER THE DAY OF THE REGISTRATION

SITE SUPERVISOR NAME: \_\_\_\_\_ . SITE SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AQUATICS COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_