

City of Orangeburg Parks & Recreation Department
Refund Request Form

This form must be completed in full for a refund to be considered.
Please print.

Date: _____

Participant Name : _____

Parents Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Program Name: _____

Reason for Refund Request: _____

If registration was paid by check, and if a refund is approved, no refund will be issued for 30 days from date of payment.

Signature: _____

I understand that this request is subject to the refund policies of the City of Orangeburg Parks and Recreation Department and that a \$5.00 per participant administrative fee will be deducted from the refund if the request is approved.

For Office Use Only

Approved/Signature: _____

Denied/Signature: _____

Reason for Denial: _____
