



**CITY OF MELBOURNE  
LEISURE SERVICES DEPARTMENT  
1551 Highland Ave, Melbourne, FL 32935**

**REQUEST FOR REFUND**

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

INSTRUCTOR/COACH/LEAGUE: \_\_\_\_\_

START/RENTAL DATE: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

FACILITY/BUILDING: \_\_\_\_\_

Please give the reason the refund is requested. A medical excuse is required for refunds of children's classes and athletic activities' fee:

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Name and address the refund check is to be made out to if different than the participant's name:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REQUESTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENT IF DISAPPROVED:

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AMOUNT PAID	\$ _____	FEE	AMOUNT TO REFUND:	\$ _____.
	\$ _____	TAX	LESS _____	\$ _____.
	\$ _____	TOTAL		\$ _____.

CHECK DATE: \_\_\_\_\_

DATE CHECK MAILED (IF APPLICABLE): \_\_\_\_\_