



**REQUEST FOR CREDIT/REFUND
PROGRAMS & FACILITIES
JAMES CITY COUNTY PARKS & RECREATION**

Participant's Name: _____

Address: _____

Phone No.: _____ Type of Class: _____

Reason for Credit/Refund: _____

Credit Refund (*please allow four weeks to process*) Class No.: _____

All requests for refunds or credits will be assessed a 10% processing fee.

Signature: _____ Date: _____

CSA Initials: _____

FOR OFFICE USE ONLY:

Request Approved Request Denied Reason: _____

Signature: _____ Amount of Credit/Refund: \$ _____

*To check on the status of your request, please contact LaKeia Henderson at 757-259-5414 or Lakeia.Henderson@jamescitycountyva.gov