



## Program Refund Guidelines

Refunds for the City of Maple Valley Parks and Recreation Department's (MVPR) programs and activities will be processed in the following manner:

1. No refunds will be issued for classes or programs on or after the start date.
2. Refunds will only be issued to the person stated as the payee on the original receipt.
3. All refund requests must be in writing and can be submitted to the MVPR Office or by email to [parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov)
4. A 100% refund will be made when the **program and/or class** has been cancelled by MVPR.
5. A 100% refund (less a \$10.00 administrative fee) will be issued if request is made 5 or more business days prior to the start of the **program and/or class**.
6. A 50% refund will be issued if request is made less than 5 business days prior to start of the **program and/or class**.
7. If after the first class the content of a program proves to be inappropriate for the participant, with the required instructor's permission (in writing) a prorated refund may be requested. This written request must be submitted before the next scheduled day of class.
8. Certain contracted programs that are registered through sites other than MVPR may have their own refund policies. You may be directed to contact the instructor directly to inquire about their specific refund policy.
9. If a medical condition arises and participation is no longer possible, a doctor's note is required to request a refund. The doctor's note must include the onset date of the medical condition and state that the participant is no longer able to attend the class or program. Refunds may receive a prorated refund less a \$10 administration fee. The refund request for a medical condition must be received in prior to the last class of the session.
10. **Youth Team Sports** (Basketball, Pee-Wee Soccer, T-ball, etc.) refund requests are only granted if the vacated space can be filled by a paying player from a waiting list. If there is no waiting list or the participant cannot fill the space no refund will be granted.
11. All **Adult League Team** fees are non-refundable with no exceptions.
12. **Camp Wild** refund/transfer requests may be honored if request is received by 5:00pm on the first business day in June. All \$50 Camp Wild deposits are NON-REFUNDABLE.
13. Refund requests that do not meet the above criteria may be submitted to the Recreation Manager or their designee.
14. For registrations paid with cash or check, the City of Maple Valley will issue a check and mail it to the address on record. Please allow 30 days for check refunds. For registrations paid with a credit card, the refund will be credited back to the credit card used for purchase.

If you have any questions, please feel free to contact us at 425-432-9953.

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## Refund Request Form

### DIRECTIONS

1. Please make sure that you have read and understand the Program Refund Guidelines.
2. To request a refund, complete this form and submit it to the Maple Valley Parks & Recreation Department (MVPR) office in person or via email:  

**By Mail:** Maple Valley Parks & Recreation    **Via Email:** [parksrec@maplevalleywa.gov](mailto:parksrec@maplevalleywa.gov)  
 22500 SE 248<sup>th</sup> Street  
 Maple Valley, WA 98038
3. Forms are available at the MVPR Office and on the City's website [www.maplevalleywa.gov/fun](http://www.maplevalleywa.gov/fun).
4. Please be aware that refund requests may take up to 5 business days to process. Please note check refunds take an additional 30 days.
5. MVPR has certain contracted programs which handle their own registration and refund. You may be directed to contact the instructor to inquire about their specific policy if you did not register through the City of Maple Valley

*Please Print*

Today's Date			
Participant Name			
Program Name			
Date/Session			
Reason for Refund/Transfer:			
Attachments (check all that apply):			
<input type="checkbox"/> Doctor's Note/Medical Form <input type="checkbox"/> Instructor Approval <input type="checkbox"/> Other: _____			
Requestor/Payee			
Mailing Address			
City/State/Zip			
Phone		Email	
Signature			Date

### FOR OFFICE USE ONLY

Application Received: \_\_\_\_\_ Date: \_\_\_\_\_

Recreation Manager or Designee Approval: \_\_\_\_\_

Total amount Refunded: \$ \_\_\_\_\_

Processed by: \_\_\_\_\_