

Appendix A



Des Moines Pool
Metropolitan Park District

Refund Request Form
Mount Rainier Pool



Date of Request: _____

Participant Name: _____

Requester Name (if Other Than Participant): _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Program Registered for: _____

Cost: _____ Amount Requesting Refund for: _____

Reason for request:

Signature: _____ Date: _____

Note- Refunds can take up to four weeks to be processed.

-----**For Office Use Only**-----

Date Received: _____ Reviewed By: _____

Notes: _____

(Check Box) Approved _____ Denied _____

Amount: \$ _____ Refund Processed Date: _____

If Denied Reasoning: _____

Staff Processing Refund: _____

Letter sent Date: _____ Staff Initials: _____