

**FAIRBANKS NORTH STAR BOROUGH
PARKS & RECREATION DEPARTMENT
REQUEST FOR REFUND
(INSTRUCTIONAL PROGRAMS)**

PARTY REQUESTING REFUND:

DATE: ___/___/___

NAME: _____

(The name listed above must be identical to the name on the original receipt).

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

INSTRUCTIONAL PROGRAM:

CHILD'S NAME: _____ RECEIPT# _____

FIRST DAY OF CLASS: _____

CLASS MEETS: _____

LAST DAY OF CLASS: _____

NUMBER OF CLASSES ATTENDED: _____ AMOUNT REQUESTED: _____

TAX AMOUNT: _____

FACILITY: _____

RECEIVED BY: _____

FACILITY SUPERVISOR: _____

MANAGER: _____

REASON FOR REQUEST: _____

REQUEST:

APPROVED: _____

DENIED: _____

DATE: _____

SIGNED: _____

Manager, Parks & Recreation