



Barrow County Parks and Recreation  
175 2<sup>nd</sup> St Winder Ga 30680  
Phone (770) 307-3024  
Fax: (770) 867-1039

**ATHLETIC REFUND FORM**

Participants Name: \_\_\_\_\_ Participants Age: \_\_\_\_\_

Athletic Activity/ Team Name: \_\_\_\_\_

Check Made payable to: \_\_\_\_\_

Address for check to be mailed: \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy:** A refund will not be given without justifiable request. Refunds or credits will not be granted after the first date of competition. If you request a refund at least 3 business days before the session begins, you will have two options: (1) Receive an immediate credit for the full amount towards your next registration fee; (2) Receive a refund, minus a 20% administrative fee within 10 business days of your request in writing. A credit will be issued in the event an activity cannot be completed due to a documented medical problem. The amount of credit given will be at the director's discretion. If the participant withdraws due to injury after the first date of competition, a refund will be prorated.

**OFFICE USE ONLY**

Uniform ordered:      Yes                  No

Adult    or    Youth

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BCPRD Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_