

Lexington County Recreation & Aging Commission

Application for refund

Youth Athletics Refund Policy:

1. All refunds must be submitted in writing to the Lexington County Recreation & Aging Commission. All refund request will be processed and recipients will receive a check within 2-4 weeks of the requested refund.
2. Refunds will be charged a \$5.00 processing fee unless otherwise noted.
3. A 100% refund will be issued if the program is cancelled by the Lexington County Recreation & Aging Commission (no processing fee).
4. Participants who have registered with our program and are selected for a Middle/High School Varsity team will receive a 100% refund (no processing fee).
5. A refund of program fees will be granted if requested prior to team placement (minus \$5.00 processing fee).
6. A 75% refund of program fees will be granted after the participant has been on a team.
7. No refunds will be issued after the first game, unless accompanied by a medical excuse.
8. Refunds for medical reasons will be pro-rated based on the cost of uniforms/expenses and number of games/sessions held.

I have read and understand this policy.

Request completed by - Signature _____

Date _____

Refund of Payment



Original Payment Method:

Check/Cash/Debit Card

Credit Card

Registrant 's Name: _____ Program: _____

ID#: _____ Transaction #: _____ Amount Paid: \$ _____

Refund - Make payable to: _____

Address: _____

Street

City

Zip Code

Reason for Refund: _____

Day Phone#: _____

Home Phone#: _____

FOR OFFICE USE ONLY Staff Approval: _____ Date: _____

Fee Paid \$ _____

Processing fee \$ _____

REFUND if applicable: \$ _____

Comments: _____