

City of Fairfield Parks & Recreation Department Refund Policy

Prior to the class beginning:

- All refunds must be requested ten (10) days prior to the first class and will incur a \$10 per program processing fee.

After the class begins:

- The City of Fairfield Parks & Recreation Department guarantees that you will be satisfied with the programs in which you participate. If you are not satisfied with the quality, level of instruction, or class conditions, **after completing the first class**, we will give you a refund/credit towards trying something different. Your satisfaction is our goal! Requests must be submitted on the Refund Request Form, using one of the delivery options listed below, **prior to the start of the second class**.
- Should a participant experience a serious physical condition, injury, or illness that prevents participation in at least fifty percent (50%) of the total classes of a program, a pro-rated refund will be issued upon receipt of a written verification from attending physician/medical doctor. The participant must submit a written refund request, along with the documentation from the doctor, within three (3) days of receiving the doctor's note.
- A \$10 per program processing fee will be deducted from all refunds.
- **Please note failure to attend a class or missed classes are not grounds for a refund.**

Refunds may be requested by:

WALK IN – Fairfield Community Center
1000 Kentucky Street
Fairfield, CA 94533
M-F 8 a.m. – 5:30 p.m.
(Closed 1st/3rd Friday and holidays)

MAIL – Parks & Recreation Department
1000 Webster Street
Fairfield, CA 94533

FAX – (707) 399-8534

EMAIL – classes@fairfield.ca.gov

Methods for refunds:

- Purchases made by credit card will be refunded to the same card used for payment and may take up to one week to process.
- Purchases made by cash/check will be refunded in the form of a city-issued check and may take up to three weeks to process.
- If requested, an account credit can be placed in your registration account for use in future programs within the same fiscal year (July 1 – June 15). Any account credits remaining will be automatically refunded when closing out the fiscal year.

City of Fairfield
Parks & Recreation Department
Refund Request

(Must be submitted in person, by fax, email, or U.S. mail)

Parent/Guardian name: _____

Participant name: _____

Address: _____

Email: _____ Phone: _____

Class: _____ Barcode: _____ Start date: _____

The reason I believe I should receive a refund or credit for the above class is:

The participant's physical condition, injury, or illness prohibits his/her participation in at least 50% of the total classes of this program. I have provided written verification from an attending physician/medical doctor.

Or:

I am requesting a refund under the City of Fairfield Parks & Recreation Department's satisfaction policy due to the quality, level of instruction, or class conditions. I am submitting this request prior to the start of the second class.

I am dissatisfied with the program, because: _____

I understand this request will be submitted to the Parks & Recreation Department management for review and disposition. I will be notified the status of my request within 7 business days of receipt.

Signature

Printed Name

Date

For Internal Use Only:

Date Refund Request Received: _____ Staff: _____

Refund request has been reviewed and is approved / denied / pro-rated _____.

Signature of Manager

Date