

Refund Request

Date Submitted _____

Submitted by _____

Participant(s) _____

Phone _____

Email _____

Mail Check to: _____

Address _____

City/State/Zip _____

Name & Date of Program(s)	Amount
_____	\$ _____
_____	\$ _____
Total	\$ _____

Refund Reason _____

All Recreation Department refunds will be issued via a check from the City of Portsmouth. Please allow 2-3 weeks for processing.

Office Use Only

Received by _____ Date _____