



Refund Request Form

Refund Policies:

Community Classes/Camps/Aquatics

- The City of Lincoln reserves the right to cancel, combine or divide classes; change times, date or place of classes; instructor; or make other changes necessary.
- Failure to attend a class or no shows will not be granted a refund.
- Refunds are only eligible if received a minimum of seventy-two (72) hours prior to the first class, unless otherwise noted. If a request is turned in less than seventy-two (72) hours, a refund will be determined on a case-by-case basis.
- Requests for refunds must be in writing, and can be submitted via fax, walk-in, mail or email. Please email refund requests to amy.gregory@lincolnca.gov
- If the City of Lincoln Recreation Department cancels a program due to low enrollment, a full refund will be issued.
- If you are not satisfied with any of our programs, please contact the program supervisor.
- The online convenience fee will not be refunded.

Adult Sports Leagues

- Requests for a refund must be received within 24 hours from the close of registration, unless otherwise noted. If a request is submitted after 24 hours, a refund will be determined on a case-by-case basis.
- Requests for a refund must be in writing, and may be submitted via fax, walk-in or email. Please email refund requests to dan.friese@lincolnca.gov
- If the City of Lincoln Recreation Department cancels a league due to low enrollment, a full refund will be issued. All other refunds will be assessed a \$20 processing fee.

Youth Sports Leagues

- Requests for refund must be received within 7 days from the close of registration, unless otherwise noted. If a request is submitted after 7 days, a refund will be determined on a case-by-case basis.
- Requests for refund must be in writing, and may be submitted via fax, walk-in or email. Please email refund requests to dan.friese@lincolnca.gov
- If the City of Lincoln Recreation Department cancels a league due to low enrollment, a full refund will be issued. All other refunds will be assessed a \$10 processing fee.

Name of person enrolled: _____

Name of guardian: _____

Email: _____ Phone: _____

Program Name: _____ Dates: _____

Amount Paid: _____ Requesting Credit: _____ Refund: _____

Reason for Request: _____

Signature: _____ Date: _____

Refund requests may be submitted via email to the appropriate email address listed above, or mailed to the City of Lincoln, 2010 1st Street, Lincoln, CA 95648. Please allow 2 to 3 weeks for processing

FOR OFFICE USE ONLY

Date Rcvd: _____ Rcvd By: _____ Registration Processed: Yes [] No []

Approved [] Denied [] Signature: _____ Date: _____

Notification - Date: _____ Initial: _____ By: Letter [] Phone [] In Office [] Email []