



REFUND REQUEST FORM

Name:
Full Address:
Cell Phone:
Email:
Participant Name(s):
Program(s) Name refund is requested:
Reason for refund:
_____ (initial) I read and accept the Village of Briarcliff Recreation Department's refund policy.
Signature: _____ Date: _____

*Note: Proof is required for all refund requests (Dr note, relocation proof, etc)

Office Use Only

Amount Paid: \$_____ Processing Fee: \$_____ Date: _____

Refund Amount Approved: \$_____ Approved by: _____

Notes: _____

Village of Briarcliff Manor Recreation Department

3 Library Road, Briarcliff Manor, NY 10510 ~ (914) 941-6560 ~ bmrdrd@briarcliffmanor.gov