



## 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 ~ [bmrld@briarcliffmanor.gov](mailto:bmrld@briarcliffmanor.gov)