



Mayor Jim Gray

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Division of Parks & Recreation

Request for Refund

Name of parent/guardian: _____

Name of child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____

Email Address: _____

Activity Name: _____ Activity Start Date: _____

Reason for refund request: _____

Date Requested: _____

Please check desired option:

☐ Please refund with check (allow 6 – 8 weeks for processing)

☐ Please credit my account to the Parks & Recreation program listed below: (include activity number)

For Office Use Only

Date Received: _____

Amount of Refund: _____

Account Number: _____

Approved by: _____

Date: _____

☐ First Request

☐ Appeal of Previous Request

A fifty-percent (50%) refund for program registration fees will be issued if request is received no less than seven (7) days before the start of the activity, except in special circumstances. Please submit request to the activity supervisor.

Please fax to (859) 254-0142 or mail to Parks & Recreation, 545 N. Upper Street, Lexington, KY 40504