



New Berlin Recreation Department
WITHDRAWAL FORM

Mail, E-Mail or Fax to:
New Berlin Recreation Department
P.O. Box 510921
New Berlin, WI 53151
Phone: (262) 797-2443
Fax: (262) 797-2460
E-Mail: recreation@newberlin.org

NAME OF PARTICIPANT _____ PHONE # _____

CLASS NAME _____ CLASS # _____

All refund requests must be made on a New Berlin Recreation Department Withdrawal Form and submitted to the office located at 3805 S. Casper Dr. New Berlin, WI 53151. Requests received by the Withdrawal Form less than 1 day prior to the start of the program will be assessed a \$10 administrative fee. Please only 1 refund request per form.

Refunds will not be issued for one-day programs or events, sports leagues, tournaments, tickets, or Playground programs. All withdrawals received will be evaluated on a case-by-case basis and may require supporting documentation. Internet convenience fees will not be refunded for any program or event. Program supply and staff costs may be deducted from the refund. Check distribution follows the City of New Berlin Accounts Payable Claim process.

REASON FOR REQUESTING WITHDRAWAL _____

I WOULD LIKE MY REFUND (Please check one):

_____ Credit to Your Account (to be used toward a future program)

_____ Check

_____ Credit Card (recommended if you registered with a credit card)

SIGNATURE OF PARTICIPANT OR PARENT _____

OFFICE USE ONLY

REFUND ACCEPTED (CIRCLE) YES NO DATE RECEIVED _____ CLASS FEE \$ _____

SUPERVISOR INITIAL _____ STAFF COMMENTS _____

FEES APPLIED: ADMIN (CIRCLE) \$10 PROGRAM SUPPLY COSTS \$ _____ TOTAL \$ (REFUNDED) _____