



RESTON COMMUNITY CENTER CANCELLATION/REFUND REQUEST



Date of Request: _____

Adult's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Reason for request: _____

CLASS, WORKSHOP, AND TRIP CANCELLATION/REFUND REQUEST

ACTIVITY NAME	ACTIVITY #	ACTIVITY DATE	PARTICIPANT NAME	FEE

Class and Workshop Cancellation Policy

- I understand that:
- Written refund requests received 14 days or more prior to the start of a class or workshop will receive a full refund less a 20% processing fee.
 - Refund requests received less than 14 days before the start of a class or workshop will be granted (less a 20% processing fee) only if another registration is received in its place.
 - No refunds given for any class or workshop with a fee of \$10.00 or less.
 - Refund checks will be mailed by Fairfax Co. in 4-6 weeks.

Trips Cancellation Policy

- I understand that:
- Written refund requests received 14 days or more prior to the start of a trip will receive a full refund less a 50% processing fee.
 - Refund requests received less than 14 days before the start of a trip will be granted (less a 50% processing fee) only if another registration is received in its place.
 - No refunds given for any trip with a fee of \$10.00 or less.
 - Refund checks will be mailed by Fairfax Co. in 4-6 weeks.

Aquatics Cancellation Policy

- I understand that:
- Refund requests received 5 days (or more) before the start of class will receive a full refund.
 - Refund requests received less than 5 days before the start of a class will have a processing fee of \$10 per request.
 - Refund requests received on or after a class start date will not be honored unless the request is accompanied by a physician's note. If the refund is granted, a \$10 processing fee, per request, will be applied.
 - **Note: Missed classes due to personal scheduling conflicts are not reimbursable or made up.**

CENTERSTAGE TICKETS CANCELLATION/REFUND REQUEST

A full refund for CenterStage tickets will be granted if the performance has been cancelled.

Name of Performance: _____ Date of Performance: _____ # of Tickets: _____ \$ Total: _____

MEETING ROOM RENTAL CANCELLATION/REFUND REQUEST

DATE OF RENTAL	ROOM NUMBER	NAME	AMOUNT PAID

- I understand that RCC will issue refunds for cancelled reservations according to the following schedule:
- More than 21 days before the scheduled reservation.....100%
 - 14-21 days before scheduled reservation.....50%
 - Less than 14 days before the scheduled reservation.....0%

Refund checks are issued by Fairfax County and mailed within 4-6 weeks.

Adult's Signature: _____ Date: _____

RCC PROGRAM USE ONLY

Refund Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Director: _____	Customer Service Processing Date: _____
If no, why: _____	_____	_____
Total Amount: \$ _____	Date: _____	Date Sent to Finance: _____

Please mail refund requests to: 2310 Colts Neck Road • Reston, VA 20191

Or Fax Requests:

Class, Workshop, Trip 703-476-2488
CenterStage 703-476-8617

Aquatics 703-476-0563
Meeting Room Rental 703-476-2488