City of IRWINDALE

REFUND REQUEST

Name _____

Address _____ Phone No. _____

Name and Date of Event _____

Tickets Purchased Quantity _____ @ $_____ each = $_____

Tickets Being Returned for Refund Quantity _____ @ $_____ each = $_____
Less $3.00 administration fee per ticket Quantity _____ @ $____3.00 each = $_____

NET REFUND = $_____

Reason for refund request_____
_____
_____

Signature _____ Date _____

All information requested must be completed and the original receipt must be attached to this form. Refund request must be received at least 5 working days prior to the scheduled event. Requests received less than 5 working days prior to event will be refunded only if the tickets are resold. All refunds are subject to a $3 administrative charge per admission.

For office use only

Date of receipt _____ Date of Refund Deadline _____
(5 days prior to scheduled event, non – applicable if tickets are resold)

Event scheduled for: Children Teens Adults

Tickets Resold (if date of receipt is after deadline): Yes No

Refund Approved: Yes No – Reason _____

Amount to be Refunded: Quantity _____ @ $_____ each = $ _____ Less $3 each ticket = $_____

APPROVAL SIGNATURES
Recreation Manager _____ Date _____

Finance Director _____ Date _____