



TOWN OF ROLESVILLE REFUND REQUEST FORM

Main Contact: _____
(The Town of Rolesville only issues refunds to the original payee)

Address: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____

Name of Participant/Renter: _____

1. Program:

- Class/Program: _____
- Spring Baseball/Softball
- Fall Baseball/Softball
- Fall Soccer
- Spring Soccer
- Football/Cheerleading
- Basketball
- Camp: _____

2. Facility Rented:

- Ball Fields Picnic Shelter
- Main Street Park Gazebo
- Main Street Park Picnic Shelter A
- Main Street Park Picnic Shelter B
- Main Street Park Picnic Shelter C
- Main Street Park Picnic Shelter D
- Mill Bridge Nature Park Amphitheatre
- Rolesville Community Center
- Rental Date & Time: _____

3. Method of payment:

- Credit/Debit Card (Rec1)
- Cash
- Check Number: _____

4. **Date Registered:** _____

5. **Date Refund Requested:** _____

6. **Reason for Refund:** _____

Signature of Applicant

Date

Office use only:

Date Received _____ Amount Paid _____ Refund Amount _____ Approved by _____

Refund on Credit Card _____ Refund by Check _____