



**RIO LINDA ELVERTA  
RECREATION AND  
PARK DISTRICT**

**Refund Request**

*(Refunds may take 4-6 weeks to process)*

Date: \_\_\_\_\_

GL Account: 96964600

Name of Participant: \_\_\_\_\_

Program: \_\_\_\_\_

Refund Amount: \$ \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

Name/Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Office Use Only**

\_\_\_\_\_  
**District Approval**

\_\_\_\_\_  
**Date**

*810 Oak Lane  
Rio Linda, CA 95673  
916/991-5929 ~ Fax 916/991-2892  
www.rleparks.com*