



**CITY OF MIRAMAR  
PARKS AND RECREATION DEPARTMENT  
AQUATIC REFUND REQUEST FORM**



MIRAMAR AQUATIC COMPLEX: \_\_\_\_\_ | MIRAMAR REGIONAL PARK AQUATIC COMPLEX: \_\_\_\_\_

**SWIM PROGRAM/RENTAL AND SECURITY DEPOSIT  
REFUND REQUEST GUIDELINES:**

- AS PER CITY POLICY, ANY CANCELLATIONS OR REFUND REQUESTS MUST BE MADE AT LEAST SEVEN (7) DAYS PRIOR TO THE BEGINNING OF THE SESSION, THE DAY OF THE PARTY AND MUST BE ACCOMPANIED WITH A VALID ID AND THE ORIGINAL RECEIPT AT ALL TIMES.
- The refund request form must be completed properly and signed by the Customer.
- REFUND REQUEST FORMS can be PICKED UP or downloaded.
- COMPLETED FORMS must be dropped off at:

**Miramar Aquatic Complex**  
6920 SW 35 Street  
Miramar, FL 33025  
954-894-3133

**Regional Park Aquatic Complex**  
16801 Miramar Parkway  
Miramar, Florida 33027  
954-641-0150

**ATTENTION CUSTOMERS**

- Customers are required to bring their original receipt and a valid ID in order for Staff to process the refund. **NO ORIGINAL RECEIPT, NO REFUND!**
- No refunds will be issued if you register for class less than seven (7) days prior to the start of the session and/or the day of the party.
- Please note that an incomplete REFUND REQUEST FORM will not be processed.
- Finance will only return funds to the CUSTOMER who submitted a Check or Money Order to the City and Credit Card transactions will be credited to the same Credit Card that was used to pay for the services.
- Refunds may take up to six (6) weeks to process. (If you pay with a Credit Card, the process time may take up to two (2) business days after an event).

**PLEASE READ ABOVE AND SIGN:**

**Customer Name:** \_\_\_\_\_  
(print)

**Customer Signature:** \_\_\_\_\_  
(sign)

<b>REQUESTOR'S NAME</b>					<b>CITY ID. #</b>			<b>DATE</b>		
<b>REQUESTOR'S FULL ADDRESS</b> <small>An incomplete address will not be processed. Therefore, please double check.</small>					<b>REQUESTOR'S SIGNATURE</b>					
<b>REQUESTOR'S PHONE NUMBERS</b>	<b>HOME:</b>				<b>CELL:</b>					
<b>PARTICIPANT'S NAME</b>					<b>AMOUNT REQUESTED</b> <small>Finance will only return funds to the person who issued the Check or Money Order</small>				<b>\$</b>	
<b>PROGRAM REGISTERED PLEASE (CHECK MARK)</b>	<input type="checkbox"/> SWIM CLASS	<input type="checkbox"/> PARTY RENTAL	<input type="checkbox"/>	<input type="checkbox"/> SWIM TEAM	<input type="checkbox"/> PROGRAM	<input type="checkbox"/>	<input type="checkbox"/> SECURITY DEPOSIT	<input type="checkbox"/>	<input type="checkbox"/> OTHER	<input type="checkbox"/>
<b>PAYMENT INFORMATION PLEASE (CHECK MARK)</b>	<input type="checkbox"/> CHECK		<input type="checkbox"/> CREDIT CARD <small>(last 4 digits of CREDIT CARD #)</small>		<input type="checkbox"/>		<input type="checkbox"/> MONEY ORDER		<input type="checkbox"/>	
<b>REASON FOR CANCELLATION</b> <small>(if additional space is needed, please use the back part of this form).</small>										

**OFFICE USE ONLY-** SUPERVISORS, BEFORE THIS FORM IS TURNED IN FOR FINAL REVIEW AND APPROVAL, A COPY OF THE FOLLOWING DOCUMENTS PERTAINING TO THIS REFUND MUST BE ATTACHED.

REFUND REQUEST FORM FULLY COMPLETE	DEPOSIT SLIP FROM THE CITY	COPY OF THE SWIM CLASS WAIVER/ AND OR RENTAL REQUEST FORM.	COPY OF THE DR'S NOTE (IF REQUIRED)	COPY OF THE CUSTOMER'S ID	COPY OF THE CHECK/MONEY ORDER AND OR CREDICIT CARD APPROVAL SLIP	ORIGINAL RECEIPT THAT WAS GIVEN TO THE CUSTOMER THE DAY OF THE REGISTRATION

REFUND APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES**

NAME: \_\_\_\_\_  
 AQUATIC ATTENDANT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 SITE SUPERVISOR

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 AQUATIC COORDINATOR

DATE: \_\_\_\_\_