



OFFICE USE ONLY:
Received Date:

Town of Riverhead Recreation Department
60 Shade Tree Lane
Aquebogue, NY 11931
Phone: (631) 722-4444
Email: recreation@townofriverheadny.gov

Credit Request Form

Date of Request: _____

Primary Guardian Name: _____

Participant's Name: _____

Address: _____

Phone Number: (_____) _____

Email Address: _____

Name of Program: _____

Would you like a credit on your Riverhead Recreation account OR a refund check mailed to you?
(*See Policy Below): _____

Reason for requesting credit: _____

Signature: _____

***CREDIT POLICY UPDATED 5/23/19:** Registrants may be eligible for a credit, provided they complete the appropriate request form, found online at www.riverheadrecreation.net and at the Recreation Department Office (60 Shade Tree Lane).

NOTE: A Refund Check will take 4-6 weeks to be processed by Accounting and mailed to you.

If a credit request is approved, it will be posted as credit to the family account. All credit requests MUST be submitted at least (5) five business days before the start of the program and are subject to a \$5.00 processing fee. In the event that we cancel a program, registrants may be eligible for a full refund OR credit. Refund Check Requests are subject to review. All Bus Trips are non-refundable.

For Office Use Only:

Original Sales Receipt # : _____ Amount : \$ _____

Programmer Initials: _____

Notes: _____

Notified Customer: _____