



**OFFICE USE ONLY:**  
Received Date:

\_\_\_\_\_

**Town of Riverhead, Recreation Department**  
4 West 2nd Street  
Riverhead, NY 11901  
Phone: (631) 727-3200 ext. 737  
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](http://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: \_\_\_\_\_