

**CITY OF IDAHO FALLS**  
**Division of Parks and Recreation**  
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**Division of Parks & Recreation**

**Credit, Refund and Cancellation Policy**

The following policy shall be followed and will be applied appropriately as they apply to all Parks and Recreation Division programs and services.

Scope of Policy: To provide a general understanding in regards to options and associated terms associated with submitting requests for the following: credits, refunds and cancellations for park and recreation programs.

**A. How to Apply for Refund or Credit**

Contact Information: Please contact the department associated with the activity from which you are requesting a refund, credit and or cancellation. Please visit our website for department contact information at [www.idahofallsidaho.gov](http://www.idahofallsidaho.gov). If you would like personal assistance, please feel free to contact any of the following departments; Recreation Services Desk (208) 612-8480, Zoo Education Office (208) 612-8418, Pinecrest Golf Course (208) 612-8485 or the Wes Deist Aquatic Center (208) 612-8519.

All Requests in Writing: All requests for credit, and/or refunds, must be in writing and submitted to the department associated with the program or service for which you are requesting the refund from by using one of the following; *Parks and Recreation Refund Request Form*, e-mail or via signed letter. Verbal requests for refunds, credit and or cancellations are not able to be processed.

**B. Approved Reasons For Refunds**

Illness, Injury or Relocation: As a result of illness, injury or relocation a request for credit, refunds, and or cancellation can be made at any time. All fees associated with this request are waived with a copy of a doctor's note or proof of relocation. The participant is responsible for pro-rated fees from the program start date until a request is received.

Exemptions: Written requests to receive credit and/or refunds for any of the city's recreation programs for children, ages six years and under will be accepted through the first day of programming. The participant is responsible for a pro-rated fee based on the single day of attendance.

**C. Reimbursement Options**

Refunds: Written requests to receive a refund will be accepted up to five business days prior to the posted program registration deadline. Refund requests made after the posted registration deadlines are unable to be processed. All refunds will be reviewed by designated staff prior to forwarding the approved refund amount onto the City of Idaho Falls Accounting Office, where in turn checks are processed and are most often distributed out to the recipient within ten business days via standard mail.

Credit: Program credit is maintained free of charge by the city on a customer's activity registration account. This credit can be used for all parks and recreation goods and services. Written requests to receive credit will be accepted up to five business days prior to the posted registration deadline. Credit requests made after the posted registration deadlines are unable to be processed. The department issuing the credit will maintain on file the original signed credit request.

Cancellations by the City: To remain fiscally responsible and maintain the highest level of service, the Division of Park and Recreation retains the right to cancel any of our programs, at any given time. For all park and recreation program cancellations the customer will be provided a full credit or refund at no charge. At time of cancellation, the customer may choose to receive a credit or refund.

Transaction Fees: Refunds are subject to a \$5.00 transaction fee



**Idaho Falls Division of Parks and Recreation  
Credit/Refund Request Form**



Issue  Refund/  Credit To: \_\_\_\_\_

\*All refunds subject to \$5.00 transaction fee

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

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

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

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

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

Office Use Only

Date Program Started: \_\_\_\_\_ Program Fee Paid: \_\_\_\_\_

Date Request Form Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Refund from GL Account #: \_\_\_\_\_ Amount Credit/Refund: \_\_\_\_\_

Refund to: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Department Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Parks and Recreation Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_