

Vision

“Shawnee County Parks and Recreation in partnership with the citizens of Topeka and Shawnee County will develop and manage accessible, walk-able parks, recreation facilities and programs through a collaborative leadership process that provides a long-term perspective for how parks and recreation will impact the livability and economic value of living in the city and county.”

Mission

“Shawnee County Parks and Recreation is an essential service established to improve quality of life for all residents of the county by proactively responding to changing demographics, emerging trends while maximizing all available resources in providing quality parks, recreation facilities and programs that enhance the residents health, promotes economic vitality and long term sustainability now and for future generations.”

Purpose

It is the intention of Shawnee County Parks + Recreation (SCP+R) to offer a refund and/or account credit for participants who qualify and meet the requirements. Participants who paid by cash, check or credit card will be issued a refund by check. All check refunds follow the County Treasurer’s bill paying schedule. There are no cash refunds. To review the full Refund Policy visit parks.snco.us.

Policy

Cancellation

Programs may be combined or cancelled due to insufficient enrollment. A full refund or account credit will be issued for programs, sports leagues or shelter reservations cancelled by the SCP+R Department.

Refund

Sports Leagues and Clinics, Programs, Camps and Room Rentals – Refunds will be issued with a 20% cancellation fee if cancelled by participant at least twenty-one (21) days prior to the program start date. Cancellations less than twenty-one (21) days prior to the start date will receive a 50% account credit.

Shelter Rentals and Old Prairie Town/Ward-Meade - Refunds will be issued with a 20% cancellation fee for rentals cancelled by the participant at least sixty (60) days prior to the reservation. Cancellations less than sixty (60) days prior to the reservation date will receive a 50% account credit. No account credit will be issued if cancellation is less than seven (7) days of reservation. Any shelter transfer shall follow the refund policy. Transfers to a lower price shelter shall not yield a refund.

Campground – All campground fees are non-refundable including unused reservations.



REFUND REQUEST FORM

It is the intention of Shawnee County Parks + Recreation (SCP+R) to offer a refund and/or account credit for participants who qualify and meet the requirements. Participants who paid by cash, check or credit card will be issued a refund by check. All check refunds follow the County Treasurer's bill paying schedule. There are no cash refunds. To review the full Refund Policy visit parks.snco.us.

DATE: _____

PRIMARY ACCOUNT MEMBER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME/CELL) _____ WORK _____

PROGRAMS/ RENTALS

PARTICIPANT NAME(S) _____

PROGRAM/RENTAL _____

START/RENTAL DATE _____ FEE PAID _____

REASON FOR REFUND _____

REFUND METHOD

_____ CHECK _____ ACCOUNT CREDIT

SIGNATURE _____ DATE _____

REFUNDS WILL NOT BE PROCESSED WITHOUT SIGNATURE
All refund processing takes 3-6 weeks.

Send completed forms to: Shawnee County Parks + Recreation
Attn: Accounts Receivable
3137 SE 29th Street
Topeka, KS 66605-1885

or via email: prrefunds@snco.us

parks.snco.us

-----*TO BE COMPLETED BY ADMINISTRATIVE STAFF*-----

RECEIVED BY _____

DATE _____

REFUND STATUS

_____ PROGRAMS, CAMPS, ROOM RENTALS – 20% CANCELLATION FEE

_____ PROGRAMS, CAMPS, ROOM RENTALS – 50% ACCOUNT CREDIT

_____ SPORTS LEAGUES AND CLINICS – 20% CANCELLATION FEE

_____ SPORTS LEAGUES AND CLINICS – 50% ACCOUNT CREDIT

_____ SHELTER RENTALS, OLD PRAIRIE TOWN – 20% CANCELLATION FEE

_____ SHELTER RENTALS, OLD PRAIRIE TOWN – 50% ACCOUNT CREDIT

_____ SHELTER RENTALS, OLD PRAIRIE TOWN – NO REFUND/ACCOUNT CREDIT

_____ OTHER REASON _____

REFUND AMOUNT _____

ACCOUNT CREDIT AMOUNT _____

SUPERVISOR

APPROVAL _____ **DATE** _____

DIRECTOR

APPROVAL _____ **DATE** _____

-----*TO BE COMPLETED BY ACCOUNTS RECEIVABLE STAFF*-----

TRANSACTION DATE _____ **CODE** _____

TYPE OF PAYMENT _____

DATE PAYMENT REQUEST SENT TO TREASURER'S OFFICE _____

CHECK NUMBER _____ **DATE MAILED TO PARTICIPANT** _____