



# Credit/Refund Request Form

Parks, Community Programs & Services Department  
 13735 24th Ave. S., SeaTac, WA 98168  
 Phone: 206.973.4680 • Fax: 206.973.4699

Organization/Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_

Complete the information below for the credit/refund you are requesting.

| <b>SOCCER</b>  | <b>BASEBALL/SOFTBALL</b>   | <b>ADDRESS</b>  |
|--|--|---|
| <input type="checkbox"/> Sunset Park<br><input type="checkbox"/> Valley Ridge Park | <input type="checkbox"/> North SeaTac Park<br><input type="checkbox"/> Sunset Park<br><input type="checkbox"/> Valley Ridge Park | S. 128th St. & 20th Ave. S.<br>S. 136th St. & 18th Ave. S.<br>S. 188th St. & 46th Ave. S. |

  

| Field                           | Activity<br><small>Practice or Game</small> | Day         | Start Time       | End Time         | Reason for Refund/Credit |
|---------------------------------|---|-------------|------------------|------------------|--------------------------|
| Example: <i>Valley Ridge #1</i> | <i>practice</i>                             | <i>Mon.</i> | <i>5:00 p.m.</i> | <i>7:00 p.m.</i> | <i>Field rained out.</i> |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
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|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |
|                                 |   |             |                  |                  |                          |

Please check one:

- Credit** (To be applied to future sportfield use.)
- Refund** (Refund will be processed by the City of SeaTac Finance Department during normal course of business. If paid by cash or check, refunds can take approximately 30 days.)

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

| <b>OFFICE USE ONLY</b>                             |   |
|--|---|
| Games _____ hours x \$ _____ (rate) = \$ _____     | Approved By _____<br>Approved Date ____/____/____ |
| Practices _____ hours x \$ _____ (rate) = \$ _____ |   |
| Lights _____ hours x \$ _____ (rate) = \$ _____    |   |
| Misc. _____ hours x \$ _____ (rate) = \$ _____     |   |
| <b>Total Credit or Refund Due</b> _____            | \$ _____  |