

**Town of Darien Recreation Commission**  
**Resident Reimbursement Form**  
**City of Delavan Recreation Program**  
(one reimbursement per page).

Town Resident/Participant Name: \_\_\_\_\_

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

Mailing Address (if different then above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Make Check payable to: \_\_\_\_\_

Applicable 2019 Program Guide (please mark one)

Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ Fall: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Page #: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Time: \_\_\_\_\_

Non-Resident Charge: \_\_\_\_\_ Resident Charge: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Darien Town Hall

Received Original Receipt: \_\_\_\_\_

Paid Out \_\_\_\_\_ Check # \_\_\_\_\_

**All Participants MUST comply with these Rules:**

\*This program is only available to Residents of the Town of Darien and their immediate families; if you rent your home you must include a utility bill or rent receipt with your form to show POR.

\*No reimbursement will be accepted 30 days after the program concludes.

\*Reimbursement must be sought on this form and submitted to the Town Clerk accompanied by the original paid receipt from Delavan Recreation.

These rules only apply for the 2019 year; unless this program is extended by the Darien Recreation Commission and Darien Town Board of Supervisors.