

Refund Request Form
Return to Education Dept.
(zooeducation@louisvilleky.gov)

First and Last Name of Cardholder _____

Date of Purchase _____

Amount Paid _____

Refund Amount Requested _____

Last 4 Digits of Card _____

Booking ID Number (if applicable) _____

Receipt and Node Number (if applicable) _____

Email Address _____

Phone Number _____

Reason for Refund Request **CANCELLED PROGRAM**

