



REFUND REQUEST FORM

Family Last Name _____ Primary Phone (_____) _____
 Address _____ City _____ Zip _____
 Email _____

Participant Name _____

Program _____ Code _____ Fee _____

Reason for canceling _____

Refund method: Apply to Household Issue a refund check Refund credit card

Participant Name _____

Program _____ Code _____ Fee _____

Reason for canceling _____

Refund method: Apply to Household Issue a refund check Refund credit card

Signature _____ Date _____

All program cancellations must be made in writing ten working days before the start of the program. Refund checks take 2-3 weeks to be processed. Credit card refunds are automatically credited to the same credit card that was used to pay for the program.

A \$5 service charge will be assessed per registrant per program.

OFFICE USE:

Receipt # _____ Approved Denied

Supervisor signature _____ Amount Refunded _____ Date _____

Refund processed by _____ Date _____