



# CLASS WITHDRAWAL / TRANSFER REFUND REQUEST FORM

PARKS AND RECREATION SERVICES

## REQUESTING:

Withdrawal / Refund

Transfer

Request Date: \_\_\_\_\_

<b>MAIN CONTACT NAME:</b>			
Address:	City:	State:	Zip:
E-Mail Address:	Phone #(s):		

## WITHDRAWAL / REFUND Information:

<b>PARTICIPANT NAME:</b>		
Class Title:	Barcode:	
Class Day:	Time:	Number of Classes Attended:

### Withdrawal/Refund Reason:

- More than 5 days ahead, no reason required
- Less than 5 days, medical (Physician statement attached) Other.
- Reason: \_\_\_\_\_

## TRANSFER Information:

PARTICIPANT NAME: \_\_\_\_\_

	Class Name	Barcode	Date	Time	Fee
Transfer FROM					
Transfer TO					

## POLICIES AND PROCEDURES:

Registration may be canceled up to 5 days prior to class for a refund minus a processing fee of up to \$20. Requests less than 5 days prior to the start of class are subject to approval. For detailed information, review the *Class Cancellation, Refund & Transfer Policy*.

I have read and understand the *Class Cancellation, Refund & Transfer Policy*.

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

<b>OFFICE USE ONLY:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
By: _____	Charge Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refund Issue Date: _____	Amount: _____
Completed By: _____	