



ONE FORM PER PARTICIPANT

Change/Credit/Refund Request Form

To process your refund, you will need to completely fill out the information below.

Date of Request: _____

PAYEE'S NAME:	LAST	FIRST	PHONE NUMBER	
ADDRESS:	STREET	CITY	STATE	ZIP
E-MAIL:				

PARTICIPANT'S NAME	NAME OF ACTIVITY	ACTIVITY COST	SESSION (SEASON)	RECIEPT #
		\$		
		\$		
		\$		

Reason for Refund: _____

PATRONS SIGNATURE: _____

FOR OFFICE USE ONLY

ADMINISTRATION FEES:

Original cost of activity \$_____ 15% Administrative Fee = \$_____ (A)

(A) Divided by 10(# of classes in session) = \$_____ x _____ (# of classes owed to patron) = \$_____ (B)

(other _____) = \$_____ (C)

= Total \$ _____

Reviewed & Processed By: _____	Date _____
Comments: _____	

Authorized Refund Amount = \$ _____

Approved By (Director): _____ Date _____

(Attach Activity Registration Form and Copy of the Receipt)