Rev. 6/15/22



## **Cancellation Request Form**

<u>Activity Cancellation Requests</u>: Considered when received in writing **five** or more business days prior to the start of the program.

**Sport League Cancellation Requests:** (received after the registration deadline): Considered when a replacement for the team is found and registered. Uniform/award fee are non-refundable.

**Preschool Requests:** Refer to the Preschool Refund Policy as listed on the Preschool Registration Form.

**Facility Requests:** Refer to the Facility Refund Policy listed on the Facility Request Form.

Today's Date:			
Program Name:	Program ID:	Program ID:	
Date Program Will Begin:	(5 or more business days	(5 or more business days required)	
Last Name:			
Full Name of Participant to be ca	ancelled:		
Address:	City:	Zip:	
Primary Contact Phone:	E-mail:		
REASON FOR CANCELLAT  ☐ Changed Mind		Other:	
☐ Household Credit* - \$5 admi	to Activity Cancellation Requests only) nistrative fee waived if this option is chose 5 administrative fee applies per person/per refunds		
Office Use Only:			
Date:	Amount Paid	Amount Paid:	
Total Amount Left in Program:	Total Refund	Total Refund:	
Manager Authorization:	Office Autho	Office Authorization:	