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:	
Date Program Will Begin:	(5 or more business	s days required)	
Last Name:			
Full Name of Participant to be cancel	lled:		
Address:	City:	Zip:	
Primary Contact Phone:	E-mail:		
REASON FOR CANCELLATION	REQUEST:		
□ Changed Mind	□ Schedule Conflict □ Other:		
REFUND OPTIONS: (applies to A Household Credit* - \$5 administra Original Payment Method - \$5 adm *Does not apply to Villa Olivia refun	ative fee waived if this option is cl ministrative fee applies <i>per person</i>	nosen.	
Office Use Only:			
Date:	Amount	Amount Paid:	
Total Amount Left in Program: Total Refund:		ûnd:	
Manager Authorization:	Office A	Office Authorization:	

