

PROGRAM TRANSFER or CANCELLATION REQUEST

HOUSEHOLD INFORMATION

NAME _____ NAME _____
(Adult's first and last name) (Adult's first and last name)

ADDRESS _____ ADDRESS _____

HOME # _____ WORK # _____ HOME # _____ WORK # _____

E-MAIL _____ E-MAIL _____

EMERGENCY # _____ EMERGENCY # _____

PROGRAM TRANSFER REQUEST (\$7 fee for each program transfer)

Participant Name	"TRANSFER FROM" Program Name	Code	"TRANSFER TO" Program Name	Code	Class Fee	Transfer Fee

(Transfer Fee to be waived if enrolling from Waitlist to any other Program within the same program season.)

Total Fees Due: \$ _____

PROGRAM CANCELLATION REQUEST (\$7 fee for each program cancellation)

Participant Name	"CANCEL" Program Name	Code	Reason for Cancellation	Class Refund Amount (pro-rated if applicable)	Cancellation Fee

Total Refund Due: \$ _____

_____ SIGNATURE REQUIRED: _____
Date Registrant (Parent or Guardian if under 18)

A refund for any reason will be given only if applied for at least seven calendar days prior to the starting date of the program. Refunds after this period will be given on a pro-rated basis and only when accompanied by a signed doctor's certificate indicating inability to participate, or appropriate documentation evidencing personal emergency or hardship. A \$7.00 processing fee per participant, per program will be charged for all refunds. A \$7.00 processing fee will be charged for each participant program transfer request.

If additional fees are owed, please provide payment information as requested below. If a refund is due, original payments by credit card will be applied back to the credit card. All cash and check payments will be refunded by check from the Town of Perinton, following the next monthly audit.

INDICATE METHOD OF PAYMENT: CASH _____ CHECK _____ MASTERCARD _____ VISA _____ DISCOVER _____

CREDIT CARD NO. _____	EXPIRATION DATE _____	AMOUNT _____
SIGNATURE OF CARD HOLDER _____		