

***Community Services - Saddleback Valley Unified School District***

***Cancellation Request***

***(Please review the refund policy carefully before filling out this form)***

**Refund/Cancellation Policy:**

* Full credits/refunds are available for courses cancelled by SVUSD Community Services Department or the Instructor. (Material/Credit Card fees are non-refundable)
* Programs may be cancelled if minimum enrolled participants is not met. Participants will be contacted if a program is cancelled.
* Participant requested withdrawals/refunds from a program are subject to a $5 administrative fee; the $5 administrative fee will be waived if applied as a credit to parent/participant account. (Material/Credit Card fees are non-refundable)
* All account credits are valid for one year from the date of issue.
* Refund/withdrawal requests must be received prior to the start of the program. No refunds will be issued after the program begins, regardless of participant attendance.
* All programs are subject to cancellation or schedule changes.
* Programs will not be pro-rated; late registrants will be obligated to pay full price for the program.
* All refunds will be issued within 30 days from the time of request. Non-attendance in a program is not grounds for a refund. All programs are subject to cancellation or schedule changes

**\_\_\_Refund**

**\_\_\_Non Refundable Credit on Account (Valid for one year after date of issue)**

**\*Effective November 1, 2019 , a 3% processing fee will be assessed to all credit card transactions**

Date: \_\_\_\_\_\_\_\_\_ Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fee: \_\_\_\_\_\_\_\_\_\_\_

Form of Payment: Check\_\_\_ Cash\_\_\_ Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date : \_\_\_ / \_\_\_\_

What program materials did you receive? (uniform, etc)\_\_\_\_\_\_\_\_\_\_How many days did you attend?\_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For Office Use Only**

Supervisor Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Deducted: \_\_\_\_\_\_\_\_\_\_\_

**Total Refund**: \_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25631 Peter A. Hartman Way, Mission Viejo, California 92691 (949)460-2777**

**Email: communityservices@svusd.org**