



Community Services - Saddleback Valley Unified School District

# Cancellation Request

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

## Refund/Cancellation Policy:

1. Full refunds/credits are available for courses cancelled by the Department only.
2. Refund requests must be received 3 business days prior to the start of program.
3. No partial refunds will be granted for swim lessons and/or camps.
4. All credits granted will be valid for one year from the date of issue.
5. NO withdrawals will be accepted after the completion of a program regardless of participant attendance.

\_\_\_ Refund (Please see #2 above)

\_\_\_ Non Refundable Credit on Account (Valid for one year after date of issue) Note:

Payments made by check may take up to 45 days for refunds to process.

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: \_\_\_\_\_