

# REFUND REQUEST FORM

\*Please note that refunds will be issued to the payer.

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

Parent Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Reason to withdraw:

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

Daytime Phone: \_\_\_\_\_

Please be aware that there is a \$10 administration fee that will not be refunded.

Once the program has started there will be no refund issued.

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

This form can also be emailed to Leana Moffitt ([lmoffitt@fort-frances.com](mailto:lmoffitt@fort-frances.com)) or Melissa Belluz ([mbelluz@fort-frances.com](mailto:mbelluz@fort-frances.com)).