

WOODRIDGE PARK DISTRICT REFUND REQUEST FORM

Head of Household Full Name _____

Date _____

Address _____

City, Zip Code _____

Home Phone # (____) _____

Participant's Full Name _____

Program Number	Program Name	Reason for Refund Request	Amount
Less \$5.00 Administrative Fee Per Program			-
TOTAL REFUND REQUESTED			\$

Please check here if you would like to keep money on account instead of receiving refund.

Signature: _____

Supervisor Approval _____

Superintendent Approval _____