

**WOODRIDGE PARK DISTRICT**  
**Switch Form**

Head of Household Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Registrant's Full Name	Class enrolled in:	Program Number	Fee

Class switching to:	Program Number	Fee

Registrant's Full Name	Class enrolled in:	Program Number	Fee

Class switching to:	Program Number	Fee

Refund difference     Keep on account  
*(please check one)*

If money due Park District: *Cash* *Check* *Credit Card*  
*(please circle one)*

Signature \_\_\_\_\_