

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 _____