



Woodridge
PARK DISTRICT

SWITCH FORM

DATE _____

HEAD OF HOUSEHOLD FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PRIMARY PHONE # () _____

EMAIL _____

| REGISTRANT'S FULL NAME | PROGRAM ENROLLED IN | PROGRAM NUMBER | FEE |
|------------------------|----------------------|----------------|-----|
| | | | |
| | PROGRAM SWITCHING TO | PROGRAM NUMBER | FEE |
| | | | |
| REGISTRANT'S FULL NAME | PROGRAM ENROLLED IN | PROGRAM NUMBER | FEE |
| | | | |
| | PROGRAM SWITCHING TO | PROGRAM NUMBER | FEE |
| | | | |

If money is due back to me, please (please check one): Refund Difference Keep on Account

If money is due to the Park District, I will pay with (please check one): Cash Check Credit Card

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

(Needed if program is in progress)