



# CARY PARK DISTRICT WITHDRAWAL FORM

TODAY'S DATE \_\_\_\_\_

NAME OF PARTICIPANT \_\_\_\_\_ PHONE # \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_ BAR CODE \_\_\_\_\_

All refund requests must be made on a Cary Park District withdrawal form and submitted to the Cary Park District office and not with the program instructor. All refund/withdrawal requests will be assessed a \$5.00 service charge. If the second meeting of a program has passed, withdrawal requests will be considered on a prorated basis in addition to the \$5.00 service charge. **Refunds will not be issued after the third class meeting.**

**Refunds will not be issued for one-day programs or events, sport leagues, tournaments or tickets to sports/entertainment/events or deposits for programs. Memberships, pool passes, Preschool and ET KidZone withdrawals will be evaluated on a case-by-case basis and may require support documentation.**

REASON FOR REQUESTING WITHDRAWAL: \_\_\_\_\_  
\_\_\_\_\_

I WOULD LIKE MY REFUND (Please check one)  **Credit to your Park District Account**  
 **Check** (mailed within 14 business days)  **Credit Card** (must be card used to register for program)  
(processed within 7 business days)

SIGNATURE OF PARTICIPANT OR PARENT: \_\_\_\_\_

**\* The Cary Park District only keeps the last 4 digits of the credit cards that are processed. Please provide the remaining card numbers, expiration date and code. Upon review of your withdraw request, the credit will be applied to your card. If the card numbers are not provided or incorrect, you will be contacted by staff.**

CREDIT CARD NUMBERS \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV/CVC \_\_\_\_\_

FOR CHECK AND CREDIT CARD REFUNDS, PLEASE PROVIDE CURRENT NAME AND ADDRESS:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
PROGRAM DATES _____	AMOUNT OF FEE PAID _____	PAYMENT TYPE _____
DATE RECEIVED BY SUPERVISOR _____	SUPERVISOR _____	<b>SERVICE CHARGE = \$5.00</b>
STAFF COMMENTS _____ _____		
WITHDRAWN IN <b>ACTIVE</b> BY _____	TOTAL REFUND AMOUNT \$ _____	
PRORATED REFUND _____	FULL REFUND _____	REFUND DENIED _____
REFUND PROCESSED BY _____	DATE _____	