



Wichita Park & Recreation Class Withdrawal Request Form

Please complete all the required information below as incomplete requests cannot be processed. All requests should be returned to the location the class is being held or submitted directly to: **Barbara McGuire** | Wichita Park & Recreation | 455 N. Main - 11th Floor | Wichita, KS 67202 | 316.268.4192 | fax 316.858.7611 | bmcguire@wichita.gov.

CUSTOMER PROGRAM WITHDRAWAL INFORMATION

Participant Name:		Main Contact Name:	
Street Address:			
City:		Zip:	
Main Contact Phone:		Main Contact e-mail:	
Class Withdrawing from: Class Location: Class Start Date: Amount Paid: Number of Classes Scheduled: Number of Classes Attended:		Reason for Request:	
Please choose one of the following options:			
<input type="checkbox"/> I would like to transfer into another class/program; Class Name/Time/Location:			
<input type="checkbox"/> I would like for my Recreation Account to be credited (a \$5 administrative fee may be charged with this option)			
<input type="checkbox"/> I would like to be refunded my payment for this course (a \$5 administrative fee may be charged with this option)			
Date of Request:			

OFFICE USE ONLY

Action Taken			
<input type="checkbox"/> Transferred to another class; Class Name/Time/Location:			
<input type="checkbox"/> Withdrawn and credit placed on Recreation Account			
<input type="checkbox"/> Withdrawn and refunded			
<input type="checkbox"/> Charged \$5 administrative fee			
<input type="checkbox"/> Request Declined: Reason :			
Date Request Received:	<input type="checkbox"/> 48 hours or more prior	<input type="checkbox"/> Within 48 hours	<input type="checkbox"/> After the first class
Date Request Processed:	Processed by:		
Amount Processed:			