

## Town of Clifton Park Program Cancellation Form

*Use this form to cancel all programs **EXCEPT** full day summer camp.  
Please print and fill out this form **COMPLETELY**.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town/City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: (cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

Registrant's Name	Program Name	Fee	Session	Program start date

Original Amount Paid:		Amount to be Refunded:		
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I understand that all refund requests must be made in writing and received 10 days prior to the start of program and that there will be NO refunds after this time.  
 Further, I acknowledge that there will be a \$10 non-refundable administrative fee on all registrations.

\_\_\_\_\_  
 Signature of Participant or Parent/Guardian (if participant is under 18 years of age)
 \_\_\_\_\_  
Date

### FOR OFFICE USE ONLY:

Date Received: _____	Refund type: _____
Amount to be refunded: _____	Refund date: _____
Date removed from registration: _____	Notes: _____
	_____