



Saddleback Valley Unified School District

# Cancellation Request

(Please review the refund policy carefully before filling out this form)  
Refund/Cancellation Policy Effective May 1, 2010:

1. Full refunds/credits are available for courses cancelled by the Department only.
2. Refund requests must be received 3 business days prior to the start of program and will be subject to a \$10 withdrawal processing fee.
3. No partial refunds will be granted for swim lessons and/or camps.
4. All credits granted will be valid for one year from the date of issue.
5. NO withdrawals will be accepted after the completion of a program regardless of participant attendance.

Refund ( Please see #2 above)  
 Non Refundable Credit on Account (Valid for one year after date of issue)

**Note: Payments made by check may take up to 45 days for refunds to process.**

Date: \_\_\_\_\_ Participant Name: \_\_\_\_\_ Participant Bar Code #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Previous Form of Payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Visa/Master Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What program materials did you receive? (uniform, etc) \_\_\_\_\_ How many days did you attend? \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**Please be sure that total deduction includes a \$10 withdrawal fee**

Supervisor Authorization: \_\_\_\_\_ Total Deducted: \_\_\_\_\_ Total Refund: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

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Updated: 4/2010