

TOWN OF FALMOUTH RECREATION DEPARTMENT

PROGRAM WITHDRAWAL/REFUND REQUEST FORM

DATE _____

Name of person check will be made out to _____

Address _____ Town _____ Zip Code _____

Home Phone _____ Cell Phone _____

Program withdrawing from _____

PERSON'S NAME WHO IS REGISTERED IN PROGRAM/ACTIVITY:

I request a refund for the above mentioned program for the below reasons:

SIGNATURE _____ DATE _____

FOR RECREATION DEPARTMENT USE ONLY

AMOUNT OF REFUND _____

SIGNATURE AUTHORIZING REFUND _____