

SOMERS RECREATION
PROGRAM WITHDRAWAL FORM

Program Name: _____

Program Location: _____

Child's Name: _____

- If more than one child is in the same program and location, please list names of all children above.
- If your children attend different programs and/or at different locations, please complete a separate form for each child.

My child / children **will no longer participate in the program listed above.** As of the date indicated with my signature below, and as the parent / legal guardian of the child / children listed above, I officially withdraw from the program indicated. In addition, by signing below, I understand that *if I* qualify for a refund (as determined by the Recreation Director / Coordinator), it is subject to a **\$5 processing fee** and may take up to three weeks to process.

Printed Name of Parent/Guardian

Parent/ Guardian Signature Date

DO NOT WRITE BELOW LINE – OFFICE USE ONLY

Date Received: _____ **Received By:** _____

Date Office Manager Provided Copy: _____

Date Program Staff Provided Copy: _____

Comments: _____

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