



WITHDRAWAL NOTIFICATION

This form must be submitted to the Lisle Park District Office to officially drop-out of the program. Two weeks notice is required.

Date: _____

Child's Name: _____ Session # _____

Address: _____
Street City Zip

Phone: _____

Last Date Attending: _____

Reason for Dropping: _____

Resident Non-Resident Class Days _____ Class Times _____

-----OFFICE USE ONLY-----

Date Received _____ Refund Applicable _____

Amount Due _____

Cheryl Patterson
Recreation Program Manager