



Palatine Park District Program Transfer

Registrant's Name: _____

Phone Number: _____ Email: _____

Reason for Change: _____

Refund Type: Household Credit Original form of Payment

Parent/Participant Signature: _____

Current Class	Prog #	Amount Paid

New Class	Prog#	Amount Paid

Office Use Only

CA CK CG HHC

Processed by: _____ Date: _____

Batch #: _____ Verified: _____

Additional Pay't Due: _____ Initials: _____

Refund Due: _____ Initials: _____

Check Wait List: _____

Email Sent to Coord: _____ Date Sent: _____ Initials: _____