



## CITY OF TEMPE RECREATION SERVICES Activity Withdrawal Request Form

3500 South Rural Road, 2<sup>nd</sup> Floor, Tempe, AZ 85282  
(480) 350-5200 fax (480) 350-5058

The use of this form assumes that all information in our system is current. If an address or phone number change is required, please submit an **Address Change Form** to update this information.

Please withdraw the following participant(s) from the classes noted:

Participant Name:	_____	Course Code:	_____
Participant Name:	_____	Course Code:	_____
Participant Name:	_____	Course Code:	_____
Participant Name:	_____	Course Code:	_____
Participant Name:	_____	Course Code:	_____

Reason for Withdrawal: \_\_\_\_\_

Please select type of reimbursement:

- CREDIT held in participant's account (If not used within 60 days, a refund will be issued)
- REFUND applied to Credit/Debit card used in original transaction (Refunds will take between 7-10 business days to process)
- REFUND by Check. Make Payable to: \_\_\_\_\_  
(Check refunds will take approximately 3 weeks to process)

Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt., Suite, or Lot #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_