Department of Recreation, Parks and Cultural Activities
1108 Jefferson Street
Alexandria, VA 22314
703.746.5414 FAX: 703.746.5585

CREDIT/ TRANSFER REQUEST FORM

Cancellation Credit Policy: Cancellation Credit Policy: Registrants may request household credit for classes/programs in writing to the Lee Center, 1108 Jefferson St., Alexandria, VA 22314 or by emailing registerarpca@alexandriava.gov based on the following criteria.

- **Refunds will only be processed for classes cancelled by the department.**
- A full household credit may be requested in writing no later than five (5) days prior to the class/program start date.
- Credits in full will be applied to households if a class/program is cancelled by the Department of Recreation, Parks & Cultural Activities.
- Registrants dissatisfied with a class/program may request a credit before the date of the second class/program start date. Credits will be applied to all remaining unattended dates less a processing fee of $15 ($25 for camps).
- Credits only will be issued for $15 or less.
- Registrants unable to attend a class/ program due to illness or injury may request a credit within five (5) days of the last class attended and must include a doctor's note. Credits will be applied to all remaining unattended dates, less a processing fee of $15 ($25 for camps).
- Registrants unable to attend a class/program due to relocation of more than 20 miles from the City of Alexandria may request a refund/ credit within five (5) days of the last class attended and must include proof of address change. Refunds will be applied to all remaining unattended dates, less a processing fee of $15 ($25 for camps).
- Credits are not issued for personal convenience or schedule conflicts.

☐ **CREDIT** ☐ **TRANSFER**

Activity Name:_____ Activity #:_____Class/Activity Dates:_____

Name of Participant: _____ Name of Parent/Guardian: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

REASON FOR CREDIT (for transfer, fill out information in the box below)

☐ Relocation out area, 20 + miles

☐ Medical includes injury & illness. Documentation is required within 5 days of last class attended

☐ Other: _____

TRANSFER FROM

Activity #_____ Activity Name_____ Class/Activity Dates_____

TRANSFER TO

Activity #_____ Activity Name_____Class/Activity Dates_____

DATE: _____ **SIGNATURE: _____**

RETURN TO: **Lee Center**
Classes & Camps
1108 Jefferson Street
Alexandria, VA 22314

OR

Fax: 703.746.5585
Email: registerARPCA@alexandriava.gov

Office Use Only. Date Approved: _____ Date Disapprove: _____

Comments: _____

☐ CREDIT ☐TRANSFER Amount: _____ Initials: _____