

REFUND / RECEIPT FORM

Please indicate choice by circling one

CHILD'S NAME: _____

BIRTHDATE: _____

ADDRESS: _____

TELEPHONE # _____

REGISTRATION: Online / In Person / Drop off UPS (Please circle how registered)

PARENT'S NAME: _____

E-MAIL ADDRESS: _____

**Please include a self addressed stamped envelope.
Drop off or mail to The UPS Store, Box 234, 13300 Tecumseh
Rd.**