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 registerar pca@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 REQUEST FORM

**CREDIT**

Activity Name: ____________________  Activity #: ____________________ Class/Activity Dates: ______________

Name of Participant: ___________________________ Name of Parent/Guardian: ___________________________

Address: _______________________________________ Email: ________________________________________

Home Phone: ___________________________________ Cell Phone: ___________________________________

**TRANSFER FROM**

Activity #: ______________ Activity Name: ______________ Class/Activity Dates: ______________

**TRANSFER TO**

Activity #: ______________ Activity Name: ______________ Class/Activity Dates: ______________

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

Relocation out of 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: _______