



Heart of Illinois Special Recreation Association
8727 North Pioneer Road, Peoria, IL 61615
Phone and Fax: 309-691-1929
bwilliams@hisra.org

PROGRAM CANCELLATION REQUEST
FOCUS VACATION REQUEST

DATE OF REQUEST: _____

NAME OF PERSON REQUESTING: _____

NAME OF PARTICIPANT: _____

PROGRAMS BEING CANCELLED:

Activity Code	Activity Name	Activity Date	Activity Fee	REQUEST
				<input type="checkbox"/> CREDIT ON ACCOUNT <input type="checkbox"/> REFUND
FOCUS DATES REQUESTED			TOTAL # of FOCUS DATES REQUESTED	

REASON FOR CANCELLATION AND/OR REQUEST FOR VACATION: _____

SIGNATURE: _____

TO RECEIVE A REFUND/CREDIT ON ACCOUNT:

- ALL **PROGRAMS** MUST BE CANCELLED AT LEAST 2 WEEKS PRIOR TO THE PROGRAM DATE OR THE START OF THE CAMP WEEK.
- FOCUS VACATION DAYS MUST BE REQUESTED AT LEAST ONE WEEK IN ADVANCE. CREDIT TO ACCOUNT WILL TAKE PLACE THE FOLLOWING MONTH.
- THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED AND RETURNED TO HISRA.
- SOME PROGRAMS REQUIRE THE ADVANCE PURCHASE OF TICKETS AND/OR SUPPLIES. IF TICKETS AND/OR SUPPLIES HAVE BEEN PURCHASED FOR THE PROGRAM YOU ARE CANCELLING, YOUR REFUND WILL BE LESS THE AMOUNT OF THESE ADVANCE COSTS.

PLEASE DROP OFF, EMAIL OR FAX THIS TO HISRA

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|---|
| <input type="checkbox"/> APPROVED BY KVC or BW Initials: _____ |
| <input type="checkbox"/> REGISTRATION REMOVED FROM THE REG SYSTEM |
| <input type="checkbox"/> REFUND/CREDIT AMOUNT: \$ |
| <input type="checkbox"/> FOCUS Balance: \$ _____ Month: _____ |

A cooperative extension of the Chillicothe, Morton, Washington and Peoria Park Districts
providing quality recreation programs and services to individuals with disabilities.



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