



Heart of Illinois Special Recreation Association
8727 North Pioneer Road
Ph: 309-691-1929
info@hisra.org

Program Cancellation Form

Name of Person Requesting:

Date of Request:

Name of Participant:

Activity Code	Activity Name	Activity Date	Activity Fee	Request
				<input type="checkbox"/> Credit on account <input type="checkbox"/> Refund
				<input type="checkbox"/> Credit on account <input type="checkbox"/> Refund

FOCUS Vacation Dates Requested:

Reason for program cancellation:

Signature:

To receive a refund/ credit on account:

- A completed and signed cancellation form must be received at least **two weeks** prior to the program date.
- Please see the FOCUS Handbook for policies regarding FOCUS vacation date requests.
- 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 than the amount of these advance costs.

Please drop off or email this form to HISRA

☐ Approved by KVC/ SM

☐ Registration removed from RecTrac

☐ Receipt attached

☐ Total refund/ credit amount: _____