Town of Amherst Leisure Services & Supplemental Education Dept.
Refund/Class Transfer Request Form

Date Received:_____

Participant's Name:_____ **Parent/Guardian's Name:**_____
(if applicable)

Address:_____

Town:_____ **State:**_____ **Zip:**_____

Phone:_____

Activity/Program:_____

***Please briefly state your explanation for refund or class transfer**

70 Boltwood Walk Amherst MA 01002 Phone (413) 259-3065 FAX (413)-259-2407