



REC STATION WITHDRAWAL REQUEST FORM

Form must be completed and emailed to registration@epd.org at least 14 days prior to your desired withdrawal date.

Child's Name

_____ (Last)

_____ (First)

Rec Station Location _____

Withdrawal From: AM _____ PM _____

Last Date Attending Rec Station (specific date required) _____

Parent/Guardian Phone (____) _____ - _____

Reason for Withdrawing From the Program

Parent's Signature

I authorize the above withdrawal of my child's Rec Station Registration.

Parent/Guardian
Signature _____

Date _____

Email form to: registration@epd.org

Date Received: _____
Site Notified : _____