



REQUEST FOR IN-HOUSE CREDIT - CLASS/ LEAGUE/ PROGRAM ENROLLMENT

Customer Name: _____ Participant Name (if different) _____

Address: _____ City/ State/ Zip: _____

Phone (Home) _____ Phone (Cell) _____

Enrollment Name _____ Session Start Date _____

Reason for Cancellation

Customer Signature

Date Signed

POS STAFF

Enrollment Number: _____ Enrollment Fee _____ Amount Paid _____

Date(s) of Session Used

Notes _____ Staff Initials _____
Date Rec'd _____

Program Manager

Amount of In-House Credit Approved _____

Notes _____

Program Manager Signature

Date