

REQUEST FOR PAST RECEIPTS

Please allow at least 5 days for processing. There is a \$5.00 fee for a receipt.
We accept Master Card, Visa, Discover Cards, Cash or Checks.

I would like to request the following receipts for the participant:

Participant's First Name: _____ Last: _____
Street Address: _____ City: _____ Zip: _____
Home Phone #: _____

Name of Program: _____
Code Number of Program (s): _____
Date of Program: _____

Name of Program: _____
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Date of Program: _____

Name of Program: _____
Code Number of Program (s): _____
Date of Program: _____

I would like the receipt mailed to the following address:

Street Address: _____ City: _____ Zip: _____

I would like the receipt faxed to

Fax #: _____ ATTENTION: _____

I will pick up the receipt. Please call me at: _____

Please complete the following credit/debit card information:

From: _____ Credit Card _____ Debit Card
Cardholder Name: _____
Card Number: _____
Expiration Date: _____

Signature of Participant, Parent or Legal Guardian Date _____

Office Use Only:
Date Request was received _____