



BUFFALO
GROVE
PARK
DISTRICT

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: _____

Code Number of Program(s): _____

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:

_____ 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 _____