

**Drama & Chorus Field Trip Refund Request**

*Please attach your receipt to the top right corner of this paper if you have it*

**Refund Request Reason: Florida Thespians Cancellation**

**Student Name:** \_\_\_\_\_ **Student No.** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_ **Date of Receipt:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Refund Request Reason: Chorus Field Trip Cancellation**

**Student Name:** \_\_\_\_\_ **Student No.** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_ **Date of Receipt:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Make Check Payable To:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please submit this form to [jenkinsm3@duvalschools.org](mailto:jenkinsm3@duvalschools.org)\*\*\*  
Please be sure the sign the form**