

Course Refund Policy:

All participant requested refunds are subject to a \$10 non-refundable cancellation fee per event if The Enrichment Academy is notified up to six (6) full business days prior to the first day of the event (not counting the day of class).

- Not all requests for refunds can be accommodated.
- Refund policies are enforced regardless of the number of students registered for the course.
- No refunds are possible after six(6) business days prior to the first day of the event or thereafter.
- Registrations are not transferable between participants.
- It may take up to thirty (30) business days for a refund to be processed.
- · Refunds will be issued by check or credit card.
- Any membership or supply fees are non-refundable.
- No other refunds or credits will be granted, for any reason, at any time. No discount will be given for missed classes, or if participant is unable to attend a rescheduled make-up class.

Course Transfer Policy:

All participant driven transfers are subject to a \$10 non-refundable transfer fee per event if The Enrichment Academy is notified up to six (6) full business days prior to the first day of the event being transferred out of (*not counting the day of class*).

- Not all requests for course transfers can be accommodated, and completion of transfer depends on space availability of event requested to be transferred into.
- Transfer policies are enforced regardless of the number of students registered for a course.
- No transfers are possible after six (6) business days prior to the first day of the event or thereafter.
- The transfer business day policy applies to the event being transfered out of, not being enrolled into.

There is a \$30 fee per item for returned checks.

Accommodation Requests:

____ To take course(s) registered for, I need Accommodations. I have read the Requests for Accommodations information on the Registration Information page and know I must also contact The Enrichment Academy by phone, email, or mail to request an accommodation no later than 5 business days before each scheduled event I have registered for.

Describe Request:

REGISTRATION FORM

(Print Clearly)

Name (Last, First, Midd	le):		Date:
Resident ID # (If App	licable):		
Address:			
City:	State:	Zip:	Village:
Email:		Phone:	
Contact In Case of I	Emergency:		
Name (Last, First, Midd	le):		
Relationship to you	•	Phone:	

By registering, I agree to INDEMNIFY AND HOLD HARMLESS The Villages of Lake-Sumter, Inc., The Villages Holding Company, The Villages Operating Company, The Village Center Community Development District, Sumter Landing Community Development District, Village Community Development Districts Nos.I-II, The Villages Recreation Department, The Villages Golf Department, Golf Management Solutions, LLC, State of Florida Sports Foundation, and any sponsor, advertiser, and promoter of any recreational activities, or events of such entities (collectively, District Activity or Activities), and any owner or lessee of the premises where the District Activity or The Enrichment Academy classes, events, or other activities from and against any loss, liability, damage or cost that I or any of my guest may incur due to participation or involvement in or presence at any District Activity or The Enrichment Academy, whether caused by negligence, action or inaction of Releases, or other individual or entity.

Course information:	Course	Information:
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Course #	,	Title	St	art Date	Fee
		Payment Options:			
	Check (Pauah	Payment Options:		Am	nt•
Cash	-	le to VCCDD) Check #:			
Cash Credit Card:	Discover:	le to VCCDD) Check #: Mastercard:		Visa:	
Cash Credit Card: CC #:	Discover:	le to VCCDD) Check #: Mastercard:	 SC:	<i>Visa:</i> Exp _	/
Cash Credit Card: CC #: Billing Address	Discover:	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _	/
Cash Credit Card: CC #: Billing Address Name as it appo	Discover:	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _	/
Cash Credit Card: CC #: Billing Address Name as it appo	Discover:	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _	/
Cash Credit Card: CC #: Billing Address Name as it appo	Discover:	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _	/
Cash Credit Card: CC #: Billing Address Name as it appo Signature: Office Use	Discover: :: ears on card: e Only	<i>le to VCCDD)</i> Check #: <i>Mastercard</i> :	SC:	Visa: Exp _ Zip Code _ gister In-Person:	/ /
Cash Credit Card: CC #: Billing Address Name as it appo Signature: Office Uso Walk	Discover: ears on card: e Only Mail	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _ gister	/ / vailable at
Cash Credit Card: CC #: Billing Address Name as it appo Signature: Office Use	Discover: ears on card: e Only Mail	le to VCCDD) Check #: Mastercard:	SC:	Visa: Exp _ Zip Code _ gister In-Person: n registrations as	vailable at Eisenhow

Recreation & Parks

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984 Old Mill Run | The Villages, FL 32162 | www.DistrictGov.org | (352) 674-1800