

Request for Fee Reduction Consideration

I _____, am requesting a fee reduction for (season/year) _____ Therapeutic Recreation programs. I am requesting this because paying the full amount of the registration fees would prevent me from participating in the programs. My general financial situation which leads to this request is: (describe the general financial situation below.)

I would like to participate in the programs listed on my registration page.

The total fees for the programs I want to attend add up to: \$_____, but the amount I can afford to pay is: \$_____.

I understand that I must be a resident of the Conejo Recreation and Park District service area to qualify for a fee reduction and that the District cannot waive certain fees such as outing location admission or ticket fees, or the cost of personal consumables such as meals, required accident insurance, or personal supplies.

Signature Date Date

Printed Name

Signature of person completing, if on behalf of above.

Please submit this request to the attention of:

Cecilia Laufenberg, Therapeutic Recreation Supervisor

Old Meadows Center, 1600 Marview Drive, Thousand Oaks, CA 91362