



# 哈維中文學校退款申請表

## Howard County Chinese School Request for Refund

HCCS, P.O. Box 1547, Ellicott City, MD 21041 <http://hccs-md.org>

Registration Invoice # (required) \_\_\_\_\_

Student Name: (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

Refund for: 1. Standard Chinese Class Grade or Class: \_\_\_\_\_

2. Subsidiary Class Specify: \_\_\_\_\_

3. Others \_\_\_\_\_

Refund Info: 1. Check payable to: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

3: Contact phone number: \_\_\_\_\_

4: E-mail address: \_\_\_\_\_

Refund reasons (optional): \_\_\_\_\_

Request by: (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

注册专用(Office Use Only): 金额(Refund Amount) \$ \_\_\_\_\_ 支票号码(Check#) \_\_\_\_\_

日期(Date)