**HTP Class Transfer or Cancellation and Refund Request**

**Refund or Cancellation request for (Name):**      

Please complete this form, save it on your computer and email it to [info@healingtouchprogram.com](mailto:info@healingtouchprogram.com) OR print it and mail it to: Healing Touch Program, 15439 Pebble Gate, San Antonio, TX 78232.

**Date of Request:**

**Original purchase information:**

Original Class tuition/room and board fees paid (Specify level, start date, city and state)

Class:

Tuition amount:

Room and Board Amount:

Total Paid:

Package plan please specify package and date purchased: Date purchased:

Foundation Package

Level 2-3 Bundle

Practitioner Package

Professional Package

Level 2 - Certification Bundle

**Original Payment Amount (s), Payment Method(s), and Date(s)**

Amount:       Method:       Date:

Amount:       Method:       Date:

Amount:       Method:       Date:

Total Paid:

**Request:**

**Transfer to another class**, Please indicate the class to transfer into

Class:

**Cancel class/ package and receive a refund**

Total Refund requested: $

Processing Fee:

Net Refund:

**Current Contact Information (Required)**

Refunds will be made to the original card charged or paid by check to the address specified.

Address:

City, State, Zip:

Phone:

Email:

Signature (type name for digital signature):

by checking this box I acknowledge my digital signature.

**For Office Use Only:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Received: |  | | Received by: | |  | |  |  |
| Date Check Mailed/Refund Processed: | |  | | Initials: | |  | | |
| Refund Amount: | |  | | Check/ Trans#: | |  | | |