



# Sugar Grove Park District

www.sgparcs.org Phone: 630.466.7436 Fax: 630.466.8675

## Program Refund Form

◆ **Class Cancellations by Park District:**

If a class is cancelled by the Park District, a full refund will automatically be processed. No refund form needs to be completed. If you wish to apply this refund to another class, notify the Park District immediately.

◆ **Refunds After Start of Recreation Program:**

As part of our Good Time Guarantee, a refund can be made after attending 2 classes of a program that spans 6 classes or more. Refund form must be received by the park district office before the 3rd class meeting, and no service charge will be deducted. This policy does not apply to short-term programs, CARE, or athletic leagues. No refunds after the 3rd class meeting.

◆ **Program Refunds:**

Applications for refunds must be submitted at least 5 business days prior to the first class in order to receive a refund minus a \$10 service charge. If application is received less than 5 business days prior to start of program or it causes enrollment to fall below minimum, no refund will be given. Refund requests will not be awarded after the class has begun. Instances where fees are \$10 or less, the service charge will be waived.

◆ **Youth Athletic League Refunds:**

Refunds requested before teams are formed will be issued a full refund minus a \$10 service charge. Once teams are formed, a refund may be issued for athletic team participants (less costs and \$10 service charge) if a replacement player is found or added from a waitlist. If no replacement is found for player, no refund will be issued.

◆ **CARE Program Refunds:**

Please use CARE Program Change/Cancellation Form.

◆ **Questions About Program Refunds?**

Please contact our office at 630-466-7436 or email [info@sgparcs.org](mailto:info@sgparcs.org).

Date of Application for Refund	Program Name	Dates	Program Code	Program Fees
Participant's Name	Parent's Name (if participant is a minor)		Telephone (daytime)	
Street Address	City	State	Zip	E-Mail Address

**Reason for withdrawal:**

**I HAVE READ AND UNDERSTAND THE REFUND POLICY IN THIS APPLICATION.**

ALL REFUNDS ARE SUBJECT TO FINAL APPROVAL BY PARK DISTRICT

\_\_\_\_\_  
Parent/Guardian signature

**Office Use**

Program Fees: \_\_\_\_\_

Service Charge: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Approved By: \_\_\_\_\_