



Program Refund Application Form

ALL REFUNDS ARE SUBJECT TO FINAL APPROVAL BY PROGRAM SUPERVISOR

◆ **Class Cancellations by Park District:**

If a class is cancelled by the Park District, a full refund will automatically be mailed to the person who was enrolled in the class or if participant is a minor, the refund will issued to the Parent/Guardian who signs the registration form. No refund form needs to be completed for a class cancellation. If you wish to apply this refund to another class, you must 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.

◆ **Short-Term Program Refunds:**

Applications for refunds for programs meeting less than 6 times 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 and it causes enrollment to fall below minimum and the spot cannot be filled, no refund will be given. Refund requests will not be awarded after the class has ended. 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 Withdrawal Form.

Date of Application for Refund	Program Name	Dates	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.			_____ Parent/Guardian signature						
<table border="1" style="margin: auto; padding: 10px;"> <tr> <td style="text-align: center;">Office Use</td> </tr> <tr> <td>Program Fees: _____</td> </tr> <tr> <td>Service Charge: _____</td> </tr> <tr> <td>Amount of Refund: _____</td> </tr> <tr> <td>Approved By: _____</td> </tr> </table>					Office Use	Program Fees: _____	Service Charge: _____	Amount of Refund: _____	Approved By: _____
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