PROGRAM REFUND REQUEST FORM

WEST CHICAGO
PARK DISTRICT

Name _____ Phone Number _____

Address _____ City _____ Zip _____

E-mail _____ Reason for refund request _____

_____

Refund Options

1. Household Credit: Refund issued as a household credit on West Chicago Park District account. There is no expiration date on household credits.

2. Original Payment Method: Refund issued to original payment method or via check. Cash payments will be refunded in the form of a check which may take up to 14 business days to receive. Credit card refunds may take up to 7 business days to reflect in your account. A 'Withdrawal Service Fee' (10% of the original registration fee: $5.00 minimum, $50.00 maximum) will be assessed to refunds applied to original payment method.

No Refunds are Offered For:

• Memberships: Refunds are not offered on monthly/annual/seasonal memberships to the ARC Fitness Center, Walking Track, or Turtle Splash Water Park.

• Child Care (Before & After School, Days Off School Club, Keppler Learning Center, Camp): Refunds are not offered for any absence with less than a two-week written notice provided to the program supervisor.

• Programs: Refunds are not offered after the first class/program meeting date. Refunds are not offered for the following "private" programs: Personal Training, Private Swim Lessons. Refunds are not offered after the registration deadline for the following programs unless the customer provides a replacement participant: One-Day Programs, Adult Trips, Special Events.

Medical Exemption: Medical exemption notes are accepted as a valid basis for cancellation. The 'Withdrawal Service Fee' will be waived upon submission of a valid medical exemption note and prorated refunds may be processed.

☐ **Refund Request**

Particpant Name	Program Name	Program Code	Start / End Date	Fee / EFT

☐ I acknowledge that processing a refund with the 'Original Payment Method' refund option will incur a 'Withdrawal Service Fee.' I have read and understand the park district's refund policy. I acknowledge that my request is subject to the eligibility criteria for refunds as outlined in the policy. I confirm that all information provided in this request is accurate and complete.

Signature _____ **Date**_____

For Office Use Only

Refund Approved   ☐ Yes   ☐ Pro-rated   ☐ No (reason) _____

Program Amount Paid _____   Refund entered by _____

Less # Of Classes Attended ($ amount) _____   Date Submitted _____ Date Entered _____

Total Refund _____   Supervisor's Signature _____

Refund Amount _____ - Withdrawal Service Fee _____ = Total Amount Due _____