

Received By: _____

Date: _____

Grayslake Community Park District PROGRAM REFUND FORM

Prior to submitting a request for a refund, please review the refund policy below. This policy will be strictly enforced when making a determination on your request. Please print and provide all information. **Refunds in the form of a check are processed twice a month and are signed at the Board Meetings on the 1st and 3rd Wednesday of each month.**

Refund Policy:

Individuals submitting a request for a refund will be eligible to receive a refund provided the request meets one of the criteria below:

- Prior to the registration deadline, a 100% refund, less a \$5 service charge per class is granted. Registration deadline is 2 weeks prior to the start of the program.
- After the registration deadline and prior to the first day of class, a 75% refund is granted, less a \$5 service charge per class.
- After the first class meeting of a recreation program, no refunds will be granted, unless it's a medical reason and then a pro-rated refund will be issued, less a \$5 service charge. A doctor's note must be present at the time of refund.
- Programs that are cancelled by the Park District, participants will receive a 100% refund.

Please note: All refunds that are for \$10 or less will ONLY be granted a credit on their household account that can be used towards a future park district program and a check will not be issued.

PLEASE PRINT AND PROVIDE ALL INFORMATION BELOW!!

Family Last Name: _____ Today's Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Name of Program: _____

Program Code: _____ Time: _____ Program Date(s): _____

Location: _____ Fee Paid: _____ Reg. Deadline: _____

Participant's Full Name: _____

Reason for Refund: _____

Type of Refund Requested: Household Credit _____ Check _____

If you paid by credit/debit card at the time of registration and would like your refund credited back to your card, please fill out the information below. Allow 5 business days for your refund to be credited back to your card.

Circle One: Visa Master Card Discover Card

Card # _____ - _____ - _____ - _____ Exp. Date _____ / _____

3 Digit Security Code on Back of Card _____

Signature _____ Date _____

For Office Use Only:

Amount of Refund Approved: _____ Reason: _____

Rec. Supervisor Signature: _____ Date: _____

Superintendent of Recreation Supervisor: _____ Date: _____