

# Grayslake Community Park District SATISFACTION GUARANTEE REFUND FORM

Prior to submitting a request for a refund, please review the Satisfaction Guarantee Refund Policy in the brochure. The staff will be following that refund policy when making a determination on your request. Please print and provide all information requested. The information we are requesting from you will be very helpful to us so we can improve our program offerings and service to the community. THANK YOU!

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Date of Program \_\_\_\_\_  
Name of Program \_\_\_\_\_ Time \_\_\_\_\_  
Program Location \_\_\_\_\_ Program Code \_\_\_\_\_  
Participant Name \_\_\_\_\_ Fee Paid \_\_\_\_\_ Registration Deadline \_\_\_\_\_  
Reason for Dissatisfaction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(use back for additional space)**

Helpful Suggestions for Program Improvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

~~~~~Return to the Grayslake Park District Office~~~~~

### For Park District Staff Only

Date Refund Request Received \_\_\_\_\_ Is Registration Receipt Attached: Y N  
Approved Refund Amount \_\_\_\_\_ This Represents \_\_\_\_\_% Justify Amount Refund \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this concern/problem discussed with the instructor? Y N Summary of that discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_