

# 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 \_\_\_\_\_