

Received By: \_\_\_\_\_ Date: \_\_\_\_\_



# Grayslake Community Park District

## SUMMER CAMP REFUND FORM

Prior to submitting a request for a refund of a Park District Summer Camp, please review the refund policy below. This policy will be strictly enforced when supervisors are approving refund requests.

### **Refund Policy:**

Filling out this form does not guarantee a refund as ALL refunds are subject to supervisor approval.

- Prior to the registration deadline, a 100% refund is granted, less a \$5 service charge per participant, per camp.
- After the registration deadline and prior to the first day of camp, a 75% refund is granted, less a \$5 service charge per participant, per camp.
- After the first day, no refunds will be granted, unless it's a medical reason. Then a pro-rated refund will be issued, less a \$5 service charge per camp day. A doctor's note must be submitted with the refund form at the time of the request.
- Camps that are cancelled by the Park District will receive a 100% refund.
- If there is a balance due on your household account at the time the refund is processed, the refund will first be applied to the balance on your account. Any remaining credit will then be refunded.

### **Please provide all information and print legibly!**

Today's Date: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Participant First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Program Code: \_\_\_\_\_

Time: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

### **Type of Refund Request: \*\* Credit/Debit Card refunds can take up to 48 hours to post to your bank account.**

**Household Credit** \_\_\_\_\_

**Check** \_\_\_\_\_

**\*\*Credit/Debit Card** \_\_\_\_\_

**Please Note:** All refunds that are for \$15 or less will ONLY be granted a credit on their household account that can be used towards a future Park District program.

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**For Office Use Only:**

Amount of Refund Approved: \_\_\_\_\_ Reason: \_\_\_\_\_

Rec. Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supt. of Recreation Signature: \_\_\_\_\_

Date: \_\_\_\_\_