Wauconda Park District

Refund Request Form

Filled out by participant/parent of participant

Date of Request: _____ Account Last Name: _____

Program Name: _____ Class Code: _____
Name of Participant(s): _____

- ***Refund requests must be submitted a minimum of five (5) days before the start of a class session to receive a full refund minus the $5 service charge.***
- ***Refund requests made four (4) days or less before a class starts will be refunded 50% of the class cost minus the $5 service charge.***
- ***A prorated refund, minus the $5 service charge, will be provided if requested prior to the third-class meeting.***
- ***$5 service charge will be waived if class credit is chosen for the refund.***
- ***No refunds for facility pass, leagues, trips, special events, Beyond The Bell, preschool or summer camp.***
- **Upon proof, a pro-rated refund will be given for medical reasons or moving out of town.**
- **E-mail completed form to cbabicz@waucondaparks.com or mftacek@waucondaparks.com**

Reason for Refund: _____

Refund Payable to: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Refund by (mark one):
Check _____ **Credit Card** _____ (include last 4 digits of cc#) **Class Credit** _____

Signature: _____ Date:_____

For Office Use Only

Full refund: Fee paid: $_____ - $5 (if applicable): *Refund amount* $_____

Pro-rated refund: Fee paid $_____ (attended _____ classes @ $_____) = class service fee: _____ + **$5** (if applicable) = Total Service Fee $_____
Refund amount: $_____ (Fee paid minus total service fee)

Supervisor Approval_____ Director of Recreation Approval_____

Prepared by: (initial) _____ Date of transaction: _____
Receipt # of Transaction _____
Revised 4/26