



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, CLUB, 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 _____