



Warrenville Park District
3S260 Warren Avenue
Warrenville, IL 60555
Phone: (630) 393-7279
Fax: (630) 393-7282
www.warrenvilleparks.org

Cancellation/Refund Request Form-Activities & Trips

Program Refund will be considered based on the following criteria:

1. All refund requests must be received at least two business days prior to the first class.
2. All refunds applied for are subject to a 10% or \$5.00 minimum service charge, and if applicable program fees.
3. No refunds will be given after class begins without a doctor's certificate. **Class fees will be prorated starting with the day the Cancellation/Refund request form is received in the Park District Registration Office.** The amount of the refund will be credited to your household balance and may be used to register for other programs.
4. **Check Refunds** must be approved at the Warrenville Park District Board Meetings held on the third Thursday of each month, unless otherwise designated. Deadline for submission is the 30th of each month prior to the meeting.

Trip Refund will be considered based on the following criteria:

1. Applicants need to complete and submit a Cancellation/Refund request form at least two business days prior to the trip.
2. Applicant may only receive a refund if they find a replacement person to occupy their place on a trip or if the Warrenville Park District has not paid trip expenses. Service charges will apply.

Date of Application: _____ Name of Program/Activity/Trip: _____

Program Code: _____ Session: _____ Start Date: _____

Registration Fee: _____

Participant's Name: _____

Address: _____ Daytime Telephone: _____

City, State, Zip: _____ Evening Telephone: _____

Reason for Cancellation/Refund:

Original Method of Payment: Cash Check Charge (Visa/Mastercard)
(Only required if refund is requested)

Credit Card Number-List last four numbers and expiration date only
Exp. Date: _____

Please specify if you would like your credit/refund applied to your account as a household credit.
 HH credit requested

I have read and understand the refund policy in this application.

Signature: _____
(Refunds will not be issued without required signature)

OFFICE USE ONLY - OVER

Office Use Only

Received By: _____ Date: _____
(Attach Roster)

Registration Fee: \$ _____

Service Charges: - _____

Out of Pocket Costs: - _____

Net Refund:

\$

G/L #: _____

Refund by: Check Credit Card Household Credit

Approved by:

Program Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Executive Director: _____

Date: _____

Processed By: _____

Date: _____

Staff Comments: _____
