



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

Cancellation/Refund Request Form-Camps

1. **Camp Cancellations must be submitted in writing:** This can be done in person, complete and sign the camp cancellation/refund form or send an email request to **info@warrenvilleparks.org** with your name, phone number and your child's name and reason for cancellation.
2. **No refunds or cancellations on Camp and Before & After care** once the camp week has begun.
3. **Fourteen (14) days advance notice of cancellation** is required to accommodate proper credit/billing and to provide proper staffing for camp. Upon approval of a cancellation, two options are available, a Household Credit or Refund.
 - a. **Household Credit**-a credit is applied to the household for the amount paid, less any camp expenses prepaid by Warrenville Park District.
 - b. **Refunds for Camp weeks** are subject to:
 - A 10% service charge per child per week enrolled.
 - Deduction of camp expenses prepaid by Warrenville Park District
4. **No refunds will be given once the camp week begins without a doctor's note.** Camp fees will be pro-rated starting from the day the Cancellation/Refund Request form is received at the Park District Guest Services office and prepaid camp expenses will also be deducted. The amount of the approved refund will be credited to your household balance and may be used to register for other programs.
5. **Check Refunds** must be approved at the Warrenville Park District Board Meetings held on the third Thursday of each month, unless otherwise designated. The deadline for submission is the 30th of each month prior to the meeting.

Date of Application: _____ Name of Camp: _____

Dates: _____

Participant's Name: _____

Address: _____ Daytime Telephone: _____

City, State, Zip: _____ Evening Telephone: _____

Reason for Cancellation/Refund: _____

Original Method of Payment: Cash Check Charge (Visa/Mastercard/Discover)
(Only required if a 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 to be applied to your account as household credit.
 HH credit requested

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

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

Office Use Only

Received By: _____ Date: _____
(Attach Registration Receipt)

Camp Fee Paid: \$ _____

 Before Care Paid: \$ _____

 After Care Paid: \$ _____

Service Charges: \$ _____

Out of Pocket Costs: \$ _____
(Pool, Trips, Bus, Supplies)

Net Refund: = \$ _____

G/L #: _____

Refund by: Check Credit Card Household Credit

Approved by:

Program Supervisor: _____

Date: _____

Department Head: _____

Date: _____

Processed By: _____

Date: _____

Staff Comments: _____

