

Original Payment Date: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

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

Reg. Initials: \_\_\_\_\_



Supervisor's Approval: \_\_\_\_\_

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

# Transfer/Refund Request Form

This form must be completed for all transfers and refunds. It takes approximately four (4) weeks to process a refund.

## Refund Policy:

- If the Park District cancels a program, registrants will receive a full refund.
- Cancellations made by registrants more than 5 days BEFORE the start date of a program will receive a full refund minus 20% up to a maximum of \$10. Less than 5 days, refunds will be subject to further prorate. Once a program begins, a Program Supervisor's approval is needed.
- Refunds will be returned via check by mail.
- A credit on account is an option as well to be used for future registrations.
- Refunds due to illness must be accompanied with a doctor's note.
- A signature of parent/guardian 18 years & older is required.

Participant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Title: \_\_\_\_\_

Season: \_\_\_\_\_ Activity Code #: \_\_\_\_\_

### TRANSFER OR REFUND

(Please check one)

I am requesting a: \_\_\_\_\_ **TRANSFER** to another program  
Please enter program code # you wish to be transferred to: \_\_\_\_\_

I am requesting a: \_\_\_\_\_ **REFUND** (Please indicate reason)

**(PLEASE CHECK ONE)**  
I would like:  
 Check mailed  
 Credit on Account

<u>Reason</u>	<u>Requirement</u>	<u>Fee</u>	
<input type="checkbox"/> 1 – Illness / Injury	Doctor's Note	Pro-Rated	Class Fee: \$ _____
<input type="checkbox"/> 2 – Moved out of the RLAPD	New Address	Pro-Rated	Less 20%: \$ _____
<input type="checkbox"/> 3 – Instructor recommendation	Instructor Note	Pro-Rated	Less any add'l cost: \$ _____
<input type="checkbox"/> 4 – Schedule Conflict	Refund Form	Pro-Rated	
<input type="checkbox"/> 5 – Class Closed	Refund Form	Pro-Rated	
<input type="checkbox"/> 6 – Class Cancelled	Refund Form	May be Pro-Rated	<b>Total Refund:</b> \$ _____
<input type="checkbox"/> 7 – Other*	Refund Form	May be Pro-Rated	

\*Explanation: \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Address to mail Refund Check:**  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Legal Guardian, 18 years or older)