



GLENVIEW PARK DISTRICT ACTIVITY REFUND FORM

Refunds will be allowed up to 24 hours after the first class meeting. A 10% cancellation charge per program per participant will be assessed, minimum fee assessed \$5 and a maximum fee of \$15 per program. After this time, no refunds will be allowed except for medical purposes or change in residence (proof required) and there will be a pro-rated refund based upon number of classes held. No refund checks will be issued for amounts less than \$2.00. If completing this online, please submit to registration@glenviewparks.org.

Please allow two weeks to receive your refund. **Refunds will be applied to any outstanding balance owed by you for programs or activities.** If there is no outstanding balance, the refund will be made by check or credit card based upon the method of payment used at the time of registration.

These rules apply to most recreation and instructional programs throughout the park district. They do not apply to daily admissions, memberships, rentals, trips, specialized services, continuing skill programs. These services have special policies as part of the information provided to the participant at the time of registration.

REFUND APPLICATION INFORMATION: (Complete a separate form for each program, participant or league)

Date: _____	Time: _____	Request by Phone: <input type="radio"/> Yes <input type="radio"/> No
Parent/Guardian: _____	Signature: _____	
Registrant Name: _____	Home Phone: _____	
Address: _____	Work Phone: _____	
City/Zip: _____	E-mail: _____	
Reason for Refund:	<div style="border: 1px solid black; height: 60px;"></div>	
Activity / POS Name: _____		

(Office Use Only)

Household # _____	
Activity# / POS: _____	<div style="border: 1px solid black; height: 40px;"></div>
POS GL #: _____	
Date Activity Begins: _____	
Time Activity Begins: _____	
Number of Classes _____	
Total Fee Paid: _____	Paid by: <input type="radio"/> Cash
10% Cancellation Charge: \$ _____ -	<input type="radio"/> Check
Prorated Classes _____	<input checked="" type="radio"/> Credit Card
Adjustment to Cancellation Fee _____	
Amount of Refund: _____	Denied By: _____
Requested By: _____	Reason Denied: _____
Approved By: _____	