

DES PLAINES PARK DISTRICT

REFUND REQUEST FORM

2222 Birch Street • Des Plaines, IL 60018 ♦ P: 847-391-5700 • F: 847-391-5707

In order to receive any refund, you must complete this Refund Request Form.

Copies of this form, are available at any of our facilities as well as from our website: www.desplainesparks.org

- 1. Satisfaction Guarantee:** Participants will receive a full refund (*less a \$3 administrative fee*) if they are dissatisfied with the program after the first class meeting, and we receive a refund request form at least 24 hours before the second class meets.
2. After the first week of a program/class, no refunds will be granted unless the program/class is cancelled. Refund requests received after the first week of a program will be honored if the request is due to a medical condition. A doctor's note must accompany the request.
3. No refunds for gift certificates will be allowed. Gift certificates may be used toward any park district facility, program or trip.
4. The refund request for trips must be received 48 hours prior to the day of the trip; refunds will be prorated based on the program costs incurred prior to receipt of the refund request.
5. Refunds take approximately two weeks to process, and are mailed in check form or credited to your credit card account.
Note: An Administrative Fee of \$3 per class or program is charged for all refunds.
6. If you have an outstanding balance, any refunds will first be applied to that balance.
7. Creative Corners Preschool, Summer Camps, Soccer Programs, Memberships, and Passes all have exceptions to the standard \$3 Administrative Fee (above). The administrative fees that apply to refunds for those specific programs can be found in the Spectrum program guide and on our website: www.DPParks.org.

Complete the following information, mail to, or drop off at the

Des Plaines Park District, 2222 Birch Street, Des Plaines, IL 60018.

Requests can be faxed to 847-391-5707. **Questions? Call 847-391-5700.**

Please Print. Issue refund to:

(Head of Household) Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

E-mail Address: _____

| Participant's Name (First and Last) | Activity Name | Activity Code | Number of Classes Attended | Please Give a Reason for the Refund Request |
|--|---------------|---------------|-------------------------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.

Class Fee: _____ Refund Fee: _____ Full refund Y ___ N ___ Refund amount \$ _____ (if not full)

Supervisor approval _____ Date _____