Request for Refund



710 Western Avenue Geneva, IL 60134 Phone: 630-232-4542 Fax: 630-232-4569

Email: info@genevaparks.com

REFUND POLICY:

Request for Refund form must be submitted 10 business days prior to the first class meeting.

All refund requests granted will be assessed a service charge of \$3.00 or 10%, whichever is less, with a minimum charge of \$1.00 (per session).

No refunds or make-up classes will be granted for missed classes unless; a valid physician's written excuse or proof of relocation out of the area is submitted to the office.

The refund policy does not apply to: "non-refundable" trip tickets, unless the park district is able to resell tickets; Preschool Program Deposits, unless the class space can be filled prior to the start of the program; contracted classes unless a replacement can be found.

Kids' Zone registration fee; Camp Payment Plan fee; Fitness Memberships and Pool Passes are non-refundable.

Geneva Park District has the right to review and make the final decisions on all refunds. Please allow 10-14 business days for your refund to reflect in your account.

| | ☐ Credit my GPD Account | | | | | |
|---------------------------------|---|--|-------------|----------|--|--|
| | ☐ Transfer th | ☐ Transfer the funds to a new registration (please attach registration form) | | | | |
| | ☐ Issue a refund to me Please Note: Refund will be issued using the same payment as the original payment for this transaction. Cash payments will be refunded by check. | | | | | |
| Participant Name: | | | | | | |
| Address: | | City: | State: | Zip: | | |
| Home Phone: | | Cell Phone: | | | | |
| Name of Program: _ | | | | | | |
| Program Code #: | | | //L NO YES | | | |
| Reason for Refund R | equest: | | | | | |
| Parent/Guardian Signature: | | | Date: | | | |
| Please Print Parent/ | Guardian Name: | | | | | |
| Approved Notes: | | Date: _ | Supervisor: | | | |
| | | | | OFFICE | | |
| REFUND CALCULATION | DN: | | | USE ONLY | | |
| Supt. of Recreation Approval | | Amount of Refund: | | | | |
| l | ☐ Check ☐ Credit Card | Credit GPD Account Date: _ | Processed | by: | | |