

# Request for Refund



**Geneva**  
PARK DISTRICT

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 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 #: \_\_\_\_\_

OFFICE USE: W/L  NO  YES \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

Approved  Disapproved Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFUND CALCULATION:

Supt. of Recreation  
Approval

Amount Paid: \_\_\_\_\_ Amount of Refund: \_\_\_\_\_

Check  Credit Card  Credit GPD Account Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

OFFICE USE ONLY

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