## 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-

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 #:			:: W/L NO YES		
Reason for Refund R	equest:				
Parent/Guardian Sig	nature:		Date:		
Please Print Parent/	Guardian Name:				
Approved	Disapproved		e: Superviso	r:	
				OFF.	
REFUND CALCULATION:				E USE	
				ONLY	
Supt. of Recreation Approval	Amount Paid:	Amount of Refund:			
, , , , , , , , , , , , , , , , , , ,	Check Credit Card	I Credit GPD Account Date	e: Proce	ssed by:	