

PALATINE PARK DISTRICT APPLICATION FOR REFUND

APPLICATION INFORMATION

NAME OF REGISTRANT _____ DATE APPLIED FOR REFUND _____

PARENT'S NAME (IF REGISTRANT IS A MINOR) _____

ADDRESS _____

CITY _____ ZIP _____ TELEPHONE (Home) _____

CLASS/PNO _____ TRANSACTION # _____ (Business) _____

PROGRAM NAME _____ DAY OF WEEK CLASS MEETS _____

REASON FOR REFUND _____

FORWARDING ADDRESS IF DIFFERENT THAN ABOVE _____

SIGNATURE OF APPLICANT _____

OUR REFUND POLICY states that requests received on or before the Park District cancellation date will receive a 100% refund less a \$5 processing fee. Refund requests received after the cancellation date, but prior to 24 hours following the second meeting of an activity, will receive a 50% refund less a \$5 processing fee. Please allow a minimum of 2-3 weeks processing time.

NOTE: Refunds for payments charged on Visa or Mastercard will be processed directly through your charge account.

FOR OFFICE USE ONLY

REGISTRATION FEE PAID _____ RECORDED BY _____ DATE _____

LESS: Pro Rata (classes attended) _____ APPROVED FOR PAYMENT PER POLICY BY _____

Processing Fee _____ PROGRAM NUMBER _____

REFUND DUE _____ ALLOCATION NUMBER _____