

Refund Request Form



Household Name: _____

Address: _____

Phone: _____

Participant Name: _____

Program Name: _____

Amount Paid: _____ Apply refund to household balance Process a check request for refund

Reason for Refund:

NOTE...

A \$3.00 administration fee assessed to all refunds, changes, or transfers unless the Park District has cancelled the program or asked the participant to move to another class. Refund checks will be mailed to the address in the Household unless otherwise stipulated.

Please refer to the "Refund and Transfer Policies" section in the Program Guide for more information on refund eligibility or visit www.DeKalbParkDistrict.com

Please call 815-758-8560 if you have questions.

Date of Request: _____

Guardian or Participant Signature: _____

Authorized By: _____

Please print & sign the completed form and return to
Haish Gym (303 S. 9th Street) or Sports & Rec (1765 S. 4th Street) for processing.

Internal Use Only

Amount Refunded	Date Refund Processed