



**GENEVA PARK DISTRICT**

*"An Illinois Distinguished Agency"*

**A refund will be issued when a "refund request form" is submitted 10 business days prior to the first class meeting. This allows other park district residents the opportunity to fill the open spot.**

All requested refunds will be assessed a service charge of \$3.00 or 10%, whichever is less with a minimum charge of \$1.00.

No refunds will be granted after the first meeting of any program unless:

1. A valid physician's written excuse; or
2. Proof of relocation out of the area is submitted to the office

**NO** refunds will be granted for trips unless a substitute can be found. **NO** refunds will be granted for PASSES or MEMBERSHIPS for any reason, one month from the start date. **NO** refunds or make-up classes will be granted for unattended classes once the session has started. The park district reserves the right to review and make the final decision on all refunds. If a transfer is initiated by the Park District, no service fee will be charged.

**Application for Refund**

DATE \_\_\_\_\_

\_\_\_ Credit My Geneva Park District Acct.    \_\_\_ Check (Made payable to: \_\_\_\_\_)

\_\_\_ Credit My Credit Card Acct. (Card #: \_\_\_\_\_ Expires: \_\_\_\_\_)

NAME OF REGISTRANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

PROGRAM CODE # \_\_\_\_\_

CLASS FEE \$ \_\_\_\_\_

REASON FOR REFUND APPLICATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**Please drop off, mail or fax us this refund form.**

**FAX: 630-232-4569**

----- **FOR OFFICE USE ONLY** -----

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_

**BOOKKEEPING**

Check Number \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Leisure Services

Date of Check \_\_\_\_\_

Refund Calculation

Amount of Refund \_\_\_\_\_