Cancellation/Refund Request Form Programs & Trips

Program/Trip Refund will be considered based on the following criteria:
1. All refund requests must be received at least 2 business days prior to the first class or start of the trip. A credit will be applied to your household if a program is cancelled by the Park District. Credits will be applied toward any outstanding household balance first. You may choose to receive a refund of the remaining household credit balance.
2. A $5.00 Administrative fee will be applied for each refund request.
3. No refund will be given after a program begins without presenting a physician's excuse. If approved refunds requested for medical reasons will be prorated from the time the request is received (minus the $5.00 administrative fee).
4. Refunds will not be given for programs under $10. However, if approved, the amount of the refund (minus the $5.00 administrative fee) will be credited to your household balance and may be used to register for other programs.

Trip Refund will be considered base on the following criteria:
1. Applications need to complete a Cancellation/Refund Request form at least 2 business days prior to the trip.
2. Applicant may only receive a refund if they find a replacement person to occupy their place on a trip or if the Bourbonnais Township Park District has not paid trip expenses. Service charges will apply. This will be strictly enforced.

Date of Application: _____   Name of Program/Trip: _____

Program Number: _____   Session: _____   Start Date: _____

Registration Fee: _____   Participants Name: _____

Address: _____
                (Street address/P.O. Box)   City   State   Zip

Day Time Telephone: _____   Evening Telephone: _____

Reason for Cancellation/Refund:

_____

Original Method of Payment: ☐ Cash   ☐ Check   ☐ Charge (Visa/Mastercard)
(Only required if refund is requested)

Credit Card Number Last 4 digits & Exp. Date ☐☐☐☐   Exp Date: _____
Please specify if you would like your credit/refund applied as a household credit or check/credit refund.
☐ Household Credit   ☐ Check/Credit Refund

I have read and understand the refund policy in this application.

Signature: _____   Date: _____
                (Refund will not be issued without Signature)

Office Use Only
Approved By: _____   Date Approved: _____   Issued By: _____   Date Issued : _____