Date: \_\_\_\_\_

# Norridge Park District Refund Request Form

Phone Number:	Amount of Credit \$
Family Credit to:	
Address:	
City:	State: Zip Code:
Class Participant:	
<b>Check Refund</b> (Refund will be mailed in 4 – 6 weeks)	Credit Card Refund   (Returned to card in 5 business days)
Account Number	Program Name
Reason for Refund:	

#### Norridge Park District Refund Policy:

Programs may be cancelled due to low enrollment or instructor availability; subsequently, participants will be notified and offered an alternate program choice if one is available; otherwise, a full refund will be issued.

**NO CASH REFUNDS WILL BE GIVEN.** All refund checks will be mailed within 4 to 6 weeks from the time of request. Credit cards will be issued a credit to the proper account.

#### **BEFORE A PROGRAM BEGINS**

A full refund, less a \$5 service charge, will be given if a participant withdraws from a class at least 48 business hours prior to the first scheduled day.

#### AFTER A PROGRAM BEGINS

- A refund will ONLY be given during the first half of the scheduled session for an illness (a doctor's excuse must be presented).
- Refunds will not be given for any reason during the second half of a scheduled session.

### SPECIAL REFUND CONSIDERATIONS

- **Contracted Programs:** Some programs are contracted through independent parties. In some instances, pro-rates refunds due to illness may not be issued.
- Trips & Adult Sport Leagues: 48 hour notice must be given and the vacancy must be filled by another participant in order for a refund to be given.

\_\_\_\_\_

• Early Care & Preschool Academy: Programs are excluded from the refund policy. Please contact the facility directly for more information.

## Participant/Guardian Signature

**Registrar Completed by**