



Bartlett Park District Cancellation Request Form



All cancellations are subject to a \$6.00 mandatory processing fee per person, per program. Policies governing cancellations are printed in each brochure on the page facing the registration form and posted at the registration counter. Please refer to these policies prior to completing this form.

Payers name _____ Date submitted _____
Address _____ Staff initials _____
City/zip _____ Home phone _____

Name of person(s) registered in class/program _____

Request cancellation for class/program _____ ID# _____

Class/program will begin on (7 weekday notice required in writing) _____

I would like the refund credited to my household account. Circle one: YES NO

For the cancellation/refund to be processed you must read and initial all of the following:

_____ I understand that cancellations/refund/credit of classes/programs cannot be considered unless submitted to the registration office in writing seven (7) or more working weekdays prior to the start of the program.

_____ I understand that no cancellation/refund/credit/transfer is considered for classes missed or forgotten.

_____ I understand that cancellations/refunds/credit for trips or league sports are considered only after a replacement is found and registered.

_____ I understand that once the class/program has ended no cancellation/refund/credit/transfer can be considered as all bills for the class/program will have been guaranteed and or paid.

_____ I understand that preschool cancellations/refunds/credits are unique as stated on the Preschool Random Draw Form.

***** Choose one of the following indicating the reason for the cancellation request *****

_____ **Schedule conflict**--cannot be considered unless submitted seven (7) or more working weekdays prior to start of program.

_____ **Medical reason/or death in family**--cannot be considered unless submitted with documentation.

_____ **Other extenuating circumstances**--if outside park district policy, no refund will be given.

Program adjuster use only

If within policy, no manager/supervisor approval needed.

Original amount paid _____ Circle method of payment: cash check credit card

\$6.00 Processing fee codes: * Activity 91602 * Pass 91600 * Facility 91599 * POS 9997

Amount of refund approved _____

Credit card _____ Exp _____

Forms/refunds/04/04 maw

Manager/supervisor initials _____ Date processed/staff initials _____