



VERNON HILLS PARK DISTRICT
REFUND REQUEST FORM

Name _____ Phone _____

Address _____ City _____ Zip _____

Class _____ Code _____ Fee _____

Reason for canceling class: _____

Apply to household

Issue a refund check**

Refund my credit card**
Please fill out box below

****A \$5 service charge will be assessed per registrant per program.**

Date _____ Signature _____

All refund requests must be made TEN working days before the start of the program. Refund checks will take 2-3 weeks to be processed. Credit card refunds and h/h credits will take 1-2 week.

CREDIT CARD INFO:

Circle: Visa Mastercard Discover

Account Number: _____ *** _____

Expiration Date: _____ ***SECURITY CODE REQUIRED—last three digits located on signature line on back of card

Our computer system does not save credit card information. You must provide your credit card number above in order to receive your refund.

Office Use Only

Approved/Denied _____ Date _____ Amount Refunded _____

Refund Complete _____ Date _____