



VERNON HILLS PARK DISTRICT REFUND REQUEST FORM

FAMILY INFORMATION

Family Last Name: _____ Primary Phone (____) _____

Address: _____ City: _____ Zip: _____

Email: _____

PROGRAM INFORMATION

Participant Name: _____

Program: _____ Code: _____ Fee: _____

Reason for canceling: _____

Refund Method: Apply to Household Issue a Refund Check Refund Credit Card

Participant Name: _____

Program: _____ Code: _____ Fee: _____

Reason for canceling: _____

Refund Method: Apply to Household Issue a Refund Check Refund Credit Card

Signature: _____ Date: _____

All program cancellations must be made in writing 10 working days before the start of the program or the payment due date. Refund checks take 2-3 weeks to be processed. Credit card refunds are automatically credited to the same credit card that was used to pay for the program.

A \$10 service charge will be assessed per registrant per program.

OFFICE USE ONLY

Receipt #: _____ Approved Denied

Supervisor Signature: _____ Date: _____

Amount Refunded: _____

Refund Processed by: _____ Date: _____