

Program Transfer/Refund/Cancellation Request Form



PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL OR FAX IT TO:
 BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON, IL 60010 FAX: 847-381-8794

1. A request for a refund/transfer must be received a minimum of five business days prior to the first day of class.

2. Enrollments paid by cash, check, or credit card will be **refunded by check only**.
3. Refunds will be mailed to participants approximately 2 - 3 weeks after approval is received.
4. All Preschool, K.E.E.P., Ski Club, and KidCare Punch Card registration fees are NON-REFUNDABLE.
5. If your refund pertains to trips, please see the individual program for refund policies.
6. Some programs may qualify for a prorated refund, if due to an injury or illness accompanied by a doctor's note.
 This refund will be based on the number of classes attended and the date the refund request is received.

Parent (Last name) _____ (First name) _____

Address _____ City _____ Phone _____

A 10% refund cancellation charge per program per participant will be assessed.

Parent/Participant Signature _____ Date _____

	CURRENT	TRANSFERRING INTO	
Participant #1 Name	Actv.#/Sec.#/Program Name	Actv.#/Sec.#/Program Name	Amount Due (Transfer)
Participant #2 Name	Actv.#/Sec.#/Program Name	Actv.#/Sec.#/Program Name	Amount Due (Transfer)

Reason for Change _____

(Check One: Transfer Refund) # of Classes Attended _____ Email _____

Additional Payment for Transferred Activity (if Required)

Total Fee: _____ Payment Method: Check One: VISA Master Card Discover American Express Cash Check (#: _____)
 (_____) (_____ / _____)

Cardholder Name (Please Print) _____ Card # _____ Expiration Date _____

Signature _____ Date _____

For Office Use Only:

Refund/Transfer Approved: Yes No Yes(Prorated)

Program Amount Paid _____ # of Classes Attended (Dollar Amount): _____

Cost of Transferred Program _____

Less Service Fee (10%) \$ _____

Total Refund/Amount Due \$ _____

Supervisor Signature _____ Date Submitted: _____

Refund Entered By _____ Date Entered _____