



Ski Club Refund Request Form

Your child may receive a refund for a missed trip only for **medical reasons**. This form must be turned into the Park District by Monday at 5:00pm in order to receive the refund. A doctor's note or note from the school nurse stating that the student was ill or injured during the scheduled trip on Friday must be attached to this form to receive the refund. No exceptions.

Child's Name: _____ Today's Date: _____

Address: _____ Phone Number _____

School: _____ Grade: _____

Date of Missed Ski Trip: _____ Amount Paid: _____

Please do not include \$10 late fee in this amount

Parent Signature: _____

Please check a box (credits will not be given for future trips):

- I would like to pick up my check at the BPD front desk
- I would like the BPD Accounting Dept. to Void and destroy my check

BPD Office Use Only

Refund Approved: Y or N Refund Amount\$ _____ Check Picked up OR Voided