Barrington Park District Refund and Transfer Request Form

Office Use Only
Date Stamp:

Received by Front Office

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

All refunds and transfers are subject to a 10% administrative service fee. All Preschool, K.E.E.P & Ski Club registration fees are NON–REFUNDABLE.
A request for a refund/transfer must be received a minimum of five business days prior to the first day of class. Some programs may qualify for a prorated refund, if due to an injury or illness accompanied by a doctor's note. The refund will be based on the number of classes attended and the date the refund request is received. Enrollments paid by cash, check or credit card will be refunded by check. Refunds will be mailed to participants approximately 2-3 weeks after approval is received.

To be filled out by Participant or Parent/Guardian:

Participant (First and Last Name _____ ( ) Home Phone _____

Street Address _____ City _____ State _____ Zip _____

Participant or Parent Signature _____ Date _____

REFUNDS

Activity name currently enrolled in: _____

Activity # _____ Sec. # _____ $ Fee Pd. _____ No. of classes attended _____

Please indicate reason for refund: ☐ Conflict ☐ Medical (Doctor's note is required) ☐ Other: Explain _____

TRANSFERS

Activity name currently enrolled in: _____

Activity # _____ Sec. # _____ $ Fee Pd. _____

Activity name to be transferred to: _____

Activity # _____ Sec. # _____ Class fee _____

Payment for Difference in Class Fees

To calculate the amount of your payment, calculate the difference between the fee for your original class and the fee for the class you are transferring into. Then, add the 10% transfer service charge.

Total Fee _____ Method of Payment: ☐ Cash ☐ Check ☐ Credit Card (circle one): VISA or MC

( ) Account # _____ / / Expiration Date _____ ( ) Security Code _____

Cardholder Name (please print) _____ Authorized Signature _____ Date _____

Please indicate reason for refund: ☐ Conflict ☐ Medical (Doctor's note is required) ☐ Other: Explain _____

For Office Use Only:

Refund/Transfer Approved: ☐ Yes ☐ No ☐ Yes, but prorated

If No, Reason: _____

If medical, # of classes attended: _____ Notes _____

Total Fee Paid $ _____ Supervisor _____

Fee of Transferred Activity $ _____ Date submitted _____

Less Misc Fee $ _____ Staff follow-up phone call _____

Less Service Fee (10%)$ _____ Refund/Transfer Entered by _____

Total Refund/Amount Due $ _____ Date _____ By _____