

Program Cancellation Request Form



A 10% (or max of \$10) cancellation per program, per participant, fee will be assessed.

PLEASE FILL OUT THIS FORM COMPLETELY AND DROP IT OFF, E-MAIL, MAIL OR FAX IT TO:

Address: Barrington Park District, 235 Lions Drive, Barrington, IL 60010
Fax: (847) 381-8794. If faxing this form, please call (847) 381-0687 to confirm receipt.
Email: registration@barringtonparkdistrict.org

Date Received: _____
By: _____

- 1. A request for a cancellation must be received a minimum of five business days prior to the first day of the program. Refunds are not issued once a program begins, due to injury or illness.**
- 2. All Preschool, K.E.E.P., Ski Club, EPIC, XStatic, sports leagues, KidCare punch cards, pool passes and event registrations/tickets are NON-REFUNDABLE.**
- 3. All refunds will be mailed to the primary guardian on account via check.**
4. If your request pertains to trips, or monthly EFT payments, please contact the individual program Supervisor for cancellation policies.
5. A full refund or option to transfer will be given if the Park District cancels a program. This form is not needed if Park cancels.
6. All cancellations must be approved by the program Supervisor.
7. Some programs may qualify for a prorated refund. If due to an injury or illness, this form must accompanied by a doctor's note. The refund will be dated the day the cancellation request is received.

_____ **Credit my Barrington Park District Household Account**

_____ **Issue Me a Refund (All refunds will be mailed to the primary guardian on account via check)**

Parent/Guardian (Last name) _____ Parent/Guardian (First name) _____

Participant Name(s) _____

Address _____ City _____ Phone _____

E-Mail _____ Number of Classes Attended _____

Name of Program _____ Activity and Section Number _____

Reason for Refund Request _____

Signature _____ Date _____

For Office Use Only Refund/Transfer Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____