

Program Cancellation Request Form



A cancellation fee equal to 10% of the program cost, not to exceed \$10, will be assessed per program, per participant.

PLEASE FILL OUT THIS FORM COMPLETELY AND DROP OFF, EMAIL OR MAIL IT TO:
EMAIL: REGISTRATION@BARRINGTONPARKDISTRICT.ORG
ADDRESS: BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON IL 60010

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, unless due to injury or illness (see #7).**
- 2. All Preschool, K.E.E.P., Ski Club, XStatic, sports leagues, pool passes and tickets (i.e. dance recital, plays, etc.) are NON-REFUNDABLE.**
3. Refunds for a difference in fees will be mailed to the primary guardian on account via original payment.
4. If your request pertains to trips, monthly EFT payments or Fitness passes, 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 prolonged illness, this form must be accompanied by a doctor's note. Applicable refunds will be dated the day the cancellation request is received.

Note: ALL registrations prior to January 1, 2026 will be refunded via check.

_____ **Credit my Barrington Park District Household Account**
(Household credits will be applied to your next purchase or EFT payment)

_____ **Issue Me a Refund**
(Payments made by credit card will be refunded back to your card. Payments made by cash or check will be refunded by check)

Primary Guardian First/Last Name

Participant First/Last Name(s)

Address City State Zip

Email Number of Classes Attended

Name of Program Actv.#/Sec.#

Reason for Refund Request

Signature Date

For Office Use Only Cancellation Approved: Yes No Yes (Prorated)

Program Amount Paid _____ Less Service Fee (10%) \$ _____ Total Refund/Amount Due \$ _____

Supervisor Signature _____ Date Submitted _____