

Refund/Transfer Request Form

1401 N. Midlothian Road, Mundelein, IL 60060

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**MUNDELEIN PARK &
RECREATION DISTRICT**
Connecting Our Community

- If the Park District cancels a class, a full refund will be issued automatically.
- Most refund requests made at least one week prior to the start of the program will receive a full refund.
- Refund requests made less than one week prior to the start of a program will need program supervisor approval.
- No refunds will be given after a program's published registration deadline.
- Once a program begins, a refund is not guaranteed.
- The program supervisor will determine any refunds approved.
- Refund requests due to illness/injury require a doctor's note.
- Refunds will not be approved on Health & Fitness Center memberships.
- No refunds will be given once a program, session, or membership has ended.
- Refunds for cash or check payments will be made by check.
- Refunds for credit card payments will be made to the same credit card used.
- Please allow two to four weeks.
- A \$5 service charge will be assessed per registrant per program.

Today's Date: _____

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Primary Phone _____ Email: _____

Participant's Name	Program Name	Program #	# of Classes Attended	Refund or Transfer	Program # Transferring into	Amount Paid
1.				R T		
2.				R T		
3.				R T		

Reason _____

OFFICE USE ONLY:

Timeliness of Request	Supervisor's Approval	Refund Amount	\$5 Fee	Total Refund	Notes: (Amount to be refunded, Extra payment required, etc.)
<input type="checkbox"/> Greater than 1 week from program start or registration deadline	Not Needed	100%	\$5	\$	
<input type="checkbox"/> Less than 1 week from start or past registration deadline		Specify: \$	\$5	\$	
<input type="checkbox"/> Has already started		Specify: \$	\$5	\$	

Refund Processed By: _____ Date Processed: _____ Note on Form: _____

Amount Refunded: _____ Refund to: ☐ Check ☐ Credit Card (last 4 digits: _____) ☐ To Account

Transfer Processed By: _____ Date Processed: _____ Note on Form: _____ Auth#: _____

Additional Payment Amount: _____ ☐ Check ☐ Credit Card (last 4 digits: _____)