



Refund/Transfer Request Form

Please fill out this form carefully. Incomplete or inaccurate information will delay your request.

Refund Transfer

Date: _____

Participant's Name: _____ Home Phone #: _____

City, Zip: _____ Email: _____

Program Name: _____ Program #: _____

Transfer Program Name: _____ Transfer Program #: _____

Reason for Request: _____

REFUND POLICY

If a program is canceled for any reason, a full refund will be issued to each participant. All other refunds are subject to a \$5 service charge.

To request a refund for any other reason, please complete the Refund/Transfer Request Form available at the Rakow Center and Randall Oaks Recreation Center Guest Services. You may mail, drop off or email this form to a Guest Services Manager at guestservices@dtpd.org.

- If you are not satisfied with the quality of a program, you must attend two class sessions and fill out the Refund/Transfer Request Form prior to the third class meeting. A full refund will then be given. Your input on this form will help us identify where improvement is needed.

- If you are not able to participate in a program due to medical reasons, please submit a doctor's note along with the Refund/Transfer Request Form. If class has already started, a refund may be prorated. At least half of the program/activity must remain to be eligible to receive a refund.

- All other refunds must be submitted one week prior to the start of the program.

- Direct individual expenses incurred such as t-shirts, uniforms, costumes, etc. will be deducted from refunds.

If a refund is approved, a receipt will be emailed to the household after processing. We reserve the right to issue a refund in the form of household credit.

If a refund is approved for returned payment:

- Original payment by cash or check will receive a refund in the form of a check.
- Original payment paid by credit/debit card will receive credit on the card with which payment was made, when possible.

Submission of a Refund Request Form does not guarantee a refund. All refund requests are subject to review and approval by the program supervisor. If a refund is denied, the program supervisor will be in contact to inform you.

Person Requesting Refund _____

Signature _____

(18 years or older or Parent/Guardian)

Date _____

RETURN FORM TO THE PARK DISTRICT

Rakow Center

665 Barrington Ave., Carpentersville, IL 60110
FAX: (847) 262-3609

Randall Oaks Recreation Center

500 N. Randall Rd., West Dundee, IL 60118
FAX: (847) 428-4880

Website: www.dtpd.org
Email: guestservices@dtpd.org

OFFICE USE ONLY

Approved Denied

Amount Paid _____

Supervisor's Initials _____

Amount Withheld _____

Date ____/____/____

Refund Fee \$5.00

Staff Initials _____

Total Refund _____