

REFUND/TRANSFER REQUEST FORM



Date: _____

Requestor's Name: _____

Participant's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Refund For: Title: _____ Code #: _____ Fee: _____

Leave Credit on Household Account Check Credit Card (if available)

Transfer To: Title: _____ Code #: _____ Fee: _____

I wish to request a refund/transfer for the following reason:

Refund Procedure

- All requests for refunds must be submitted in person or by phone four days prior to the first class, meeting, or practice of the program.
- Individuals requesting refunds with four days' notice prior to the first class, meeting, or practice will receive a 100% refund less prepurchase supplies and contractual expenses, and less 10% (minimum \$10 and maximum \$100) of the remainder for administrative costs. The 10% administrative fee does not apply when a credit is left on the household account.
- No refunds will be issued for any programs for requests after the fourth day prior to the first class, meeting, or practice of the program unless a physician's excuse is presented. Refunds requested for medical reasons will be prorated from the time the request is received and will not include prepurchase supplies and contractual expenses.
- Tickets, deposits, prepurchased supplies, adult leagues, memberships, daily fees, and consumables are not refundable.
- Refund payments will be processed within 14 days.
- Individual programs or memberships may have specific refund procedures. These programs include but may not be limited to: Early Childhood Education, Klub House, Camps, Competitive Athletic Teams, and Rentals.
- All refund and transfer requests must be approved by the Program Supervisor, the Superintendent of Recreation if above \$250, and the Executive Director if above \$1,000.
- The Itasca Park District strives for positive experiences and excellence. If for any reason you are not satisfied with a program or service, please let us know so we can use the feedback to improve. If extreme or unusual circumstances occur, refunds will be reviewed on a case-by-case basis.

Signature: _____

Office Use Only:

Approved

Denied

Program Fee: _____

Prepurchase supplies/contractual expense: _____

Service Charge: _____

Total Refund/Credit Amount: _____

Program Supervisor

Superintendent of Rec (If over \$250)

Executive Director (If over \$1,000)

Supervisor Notes: _____
Continue on back if necessary