



12015 Mill Street
 Huntley, IL 60142

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Email: Info@huntleyparks.org

CANCELLATION / REFUND REQUEST FORM

Participant's Information

FULL NAME:	
ACTIVITY:	
ACTIVITY NUMBER:	
HOME ADDRESS:	

REASON FOR REQUEST:

Submitting a medical note prior to activity start date will waive the \$10 administration fee.

<i>Guardian Signature</i>	<i>Date</i>

MANAGER APPROVAL

ACTIVITY NUMBER	GL CODE (IF PAID BY CHECK)	REFUND AMOUNT

<i>Manager Signature</i>	<i>Date</i>

REGISTRATION OFFICE USE

RECEIPT NUMBER:	
REFUNDED VIA:	

- CHECK
 VISA
 MASTER CARD
- CHECK #: DATE:

All refunds must be requested by completing a refund request form. No requests will be accepted verbally. By completing a refund request form does not ensure that you will receive a refund. No refunds will be made after a program has started except in the case of participant's illness. A written documentation from a physician must accompany the refund request form. Refund may be pro-rated if approved. There will be a \$10 administration fee per activity that a refund is requested on form submitted prior to the program start date. Summer camp \$25 deposit fees are non-refundable. 2 week notice is required to have remainder fees removed or refunded. All cancellations are subject to circumstance review and manager approval.