



Wildwood Park District
Transfer/Refund Request Form

33325 N. Sears Blvd. Wildwood, IL 60030 847-223-7275 Fax: 847-223-2820 e-mail: info@wildwoodparkdistrict.com

Participant's Name: _____ Phone#: _____

Address: _____

Program Title: _____ Activity #: _____

I am requesting **TRANSFER** to another program. Please enter program code # you wish to be transferred to.

Activity Code #: _____

Transferred to Activity #: _____

I am requesting a: **REFUND** (Please indicate reason): Refund _____ Credit to Account _____

Reason

- 1 – Illness / Injury
- 2 – Moved
- 3 – Instructor recommendation
- 4 – Schedule Conflict
- 5-Other: _____

Have you already attended some of the class? Yes No If yes, how many classes have you taken? _____

Parent's Signature (Parent or Legal Guardian, 18 years or older) _____ Date _____

Original Payment Date: _____ Type of Payment: _____

Processing Date: _____

FOR OFFICE USE ONLY

Supervisor's Approval: _____ Date: _____

Refunds will be received in Two (2)-Four (4) weeks.