



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: _____

* Refund Policy: General program fee refunds, less a service charge of 20% (not to exceed \$10), will be made if a request is received at least seven days before the start of the program. After that time, refunds can only be given for medical reasons.

Note: Refunds cannot be given for programs or trips that require advance admission or entrance fees. If Wildwood Park District needs to reschedule or cancel programs due to insufficient registration, full refunds will be provided.

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 processed in one (1) – two (2) weeks.