

# Refund Request Form



Urbana Park District

Phillips Recreation Center | 505 W Stoughton, Urbana, IL 61801 | 217-367-1544

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Program Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Date of Last Classes Attended: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Requests must be made no later than 10 business days after the last day you attended that particular course or league code. Requests for previous classes will not be honored.

### Reason for Request:

1. Satisfaction Guarantee
2. Medical
3. Other

Please explain, as completely as possible, your reason for wanting a refund for this course.

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Please list any suggestions you may have for improving this course in the future.

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Are you still interested in future Urbana Park District programs?  Yes  No

If your request is approved, please select how you would like your refund processed:

1. I would like to repeat this class free of charge.
2. I would like to apply the credit to another course (Minus a \$5 processing fee): \_\_\_\_\_.
3. I would like to receive a refund (To be refunded by credit card or check, minus a \$5 processing fee).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Main Contact ID: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scanned/Emailed to Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Coordinator Comments/Explanation of Refund:

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Refund Approved (Date): \_\_\_\_\_ Coordinator Signature: \_\_\_\_\_

Refund Denied (Date): \_\_\_\_\_ Coordinator Signature: \_\_\_\_\_

Did they receive a scholarship/discount? ..... Yes (Amount): \$ \_\_\_\_\_ No

Amount Paid for Class: \$ \_\_\_\_\_

Processing Fee: \$ \_\_\_\_\_

Total Refund: \$ \_\_\_\_\_

CC: Manager: \_\_\_\_\_

Superintendent of Recreation (if processing fee waived): \_\_\_\_\_

Manager/Supt of Rec. Comments:

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Refund Processed by: \_\_\_\_\_ Date: \_\_\_\_\_