



**URBANA PARK DISTRICT
REFUND REQUEST FORM**

Phillips Recreation Center
505 W. Stoughton
Urbana, IL 61801
Phone: 217-367-1544
Fax: 217-367-1592

Parent/Guardian Name: _____ Date: _____

Name of Participant: _____

Address: _____ City: _____ St: _____ Zip: _____

Daytime Phone Number: (____) _____ Email: _____

Program Title: _____ Course Code: _____ Start Date: _____

Date of last class attended: _____ Instructor: _____

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 (Please circle one)

1. Satisfaction Guarantee
2. Medical
3. Other

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

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

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: _____
3. I would like to receive a refund (To be refunded by credit card or check)

Signature

Date