

Date Submitted:

Registration Change Form

Policies – Please Read

Received by Front Office

All refunds subject to a \$5 administrative service fee.

A request for a registration refund/change must be received a minimum of five days prior to the first program meeting.

Some programs may qualify for a prorated refund, if due to an injury or illness and accompanied by a doctor's note. The refund will be based on the number of classes attended and the date the refund request is received. A \$5 administrative service fee will be assessed. A receipt will be issued to confirm your transfer request.

Registrations paid by cash or check will be refunded by check. Registrations paid by credit card will be refunded by a credit back to the account.

Refunds under \$10 will automatically be credited to your Buffalo Grove Park District account to be used for future programs.

Refund checks will be mailed to participants approximately 2-3 weeks after approval is received.

Home Phone:	Program C	Program Code #:		
	Program 1	Name:		
First Name:	Last Name			
Address:	City:		Zip:	
Choose one:				
I am requesting a:Transfer	to another Program			
Please enter program coo	de # you wish to be transf	erred to:		
l am requesting a:Withdra	wal (Please indicate reaso	r)		
Conflict Medical (Doctor's Note Dissatisfied, Reason: Other, Reason:				
Signature of Participant or Parent/Guard	dian	Date		
<i>For Office Use Only:</i> Notes:			Fee Paid Prorated Amount (if applicable)	
			Service Fee	
Receipt #: Tender:			Total Refunded	
Supervisor:		Refund/Tr	ansfer Entered by:	

Date Entered:

## To be filled out by Participant or Parent/Guardian: