

CANCELLATION REQUEST FORM HAMPSHIRE TOWNSHIP PARK DISTRICT

All cancellations are subject to a \$5.00 mandatory processing fee per person, per program. Any cost of uniforms, trophies or awards will also be deducted prior to a refund if applicable. Policies governing cancellations are printed in each brochure in the general information pages and posted at the registration counter. Please refer to these policies prior to completing this form.

Payers Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Name or person(s) registered in program: \_\_\_\_\_

Request cancellation for program: \_\_\_\_\_ Program # \_\_\_\_\_

Program will begin on (7 weekday notice is required in writing): \_\_\_\_\_

For the cancellation /refund to be processed you MUST read and initial all of the following:

\_\_\_\_\_ I understand the cancellation/refund of programs cannot be considered unless submitted to the registration office in writing seven (7) or more weekdays PRIOR TO THE START OF THE PROGRAM.

\_\_\_\_\_ I understand that no-cancellation /refund is considered for classes missed or forgotten. Fees will NOT be pro-rated.

\_\_\_\_\_ I understand no cancellations/refunds will be given for special events, one day programs, trips or contractual programs.

\_\_\_\_\_ I understand that once a program has ended no cancellation can be considered as bills for the program will have been guaranteed or paid.

\_\_\_\_\_ I understand that PRESCHOOL CANCELLATIONS/REFUNDS ARE UNIQUE. (See Preschool registration information outlined in the Hampshire Township Park District brochure)

\*\*\*Choose one of the following indicating the reason for the cancellation request\*\*\*

\_\_\_ Schedule conflict- Cannot be considered unless submitted seven (7) or more weekdays prior to the start of program.

\_\_\_ Medical reason- Cannot be considered unless submitted with documentation.

\_\_\_ Other extenuating circumstances- if outside of Park District Policy, NO refund will be given.

Office Use Only

Original amount paid: \$\_\_\_\_\_ Method of payment: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit

Subtract \$5 Processing fee AND any additional uniform, trophy or award costs: \$\_\_\_\_\_

Total amount of refund approved: \$\_\_\_\_\_ Date processed/Staff Initials: \_\_\_\_\_ / \_\_\_\_\_

\*\*\* REFUNDS ARE APPROVED MONTHLY ACCORDING TO THE BOARD OF COMMISSIONERS MTG. SCHEDULE \*\*\*