



Received by: _____

Date Received: _____

Wilmette Park District Program Withdrawal Form

Date: _____

Name: (Registrant) _____ Address _____

City, State, Zip Code: _____ Phone: _____

Activity Code: _____ Program Name: _____ Amount Paid: _____

Reason for Refund: _____

Signature: _____

Cancellation and Refund Policy

No refund will be made for withdrawal after the start of the program.

A 10% service charge of the total fee will be assessed for all program cancellations by registrants prior to the start of a program, unless otherwise notified.

The processing of this form does not guarantee a refund.

For Office Use Only

Transaction # _____

Request: Approved _____

Amount Paid \$ _____

Denied _____

Less Service Charge \$ _____

Date _____

Amount of Refund \$ _____

Initial _____

12-Digit Budget # _____

Refund Entered By: _____ Date: _____

Remarks: _____