



**Warrenville Park District**  
3S260 Warren Avenue  
Warrenville, IL 60555  
Phone: (630) 393-7279  
Fax: (630) 393-7282  
www.warrenvilleparks.org

## Cancellation/Refund Request Form-Camps

- Camp Cancellations must be submitted in writing:** This can be done in person, complete and sign the camp cancellation/refund form or send an email request to **info@warrenvilleparks.org** with your name, phone number and your child's name and reason for cancellation.
- No refunds or cancellations** on Before and After care once the camp week has begun.
- Fourteen (14) days advance notice of cancellation is required** to accommodate proper credit/billing and to provide proper staffing for camp. Upon approval of a cancellation, two options are available, a Household Credit or Refund.
  - Household Credit**-a credit is applied to the household for the amount paid, less any camp expenses prepaid by Warrenville Park District.
  - Refunds for Camp weeks 1-10** are subject to:
    - A 10% or \$5.00 minimum service charge per child per day or week enrolled.
    - Deduction of camp expenses prepaid by Warrenville Park District
- No refunds will be given once the camp week begins without a doctor's note.** Camp fees will be prorated starting from the day the Cancellation/Refund Request form is received in the Park District Guest Services. The amount of the approved refund will be credited to your household balance and may be used to register for other programs.
- Check Refunds** must be approved at the Warrenville Park District Board Meetings held on the third Thursday of each month, unless otherwise designated. Deadline for submission is the 30<sup>th</sup> of each month prior to the meeting.

Date of Application: \_\_\_\_\_ Name of Camp: \_\_\_\_\_

Dates: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Reason for Cancellation/Refund:  
\_\_\_\_\_

Original Method of Payment:  Cash  Check  Charge (Visa/Mastercard/Discover)

*(Only required if refund is requested)*

Credit Card Number-List last four numbers and expiration date only

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Exp. Date: \_\_\_\_\_

Please specify if you would like your credit/refund applied to your account as a household credit.

HH credit requested

**I have read and understand the refund policy in this application.**

Signature: \_\_\_\_\_

(Refunds/credits will not be issued without required signature)

OFFICE USE ONLY - OVER

### Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Attach Registration Receipt)

Total Amount Paid: \$ \_\_\_\_\_

Service Charges: \_\_\_\_\_

Out of Pocket Costs: \_\_\_\_\_

**Net Refund:**

\$
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**G/L #:** \_\_\_\_\_

Refund by:  Check     Credit Card     Household Credit

Approved by:

Program Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Comments: \_\_\_\_\_  
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