



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

Cancellation/Refund Form-FitnessNow Memberships

1. All cancellation requests require 30 day advance written notice.
2. **EFT Memberships** (memberships paid monthly) are required to complete the initial 12 month contract commitment, then may cancel with 30 days notice.
3. **Annual Membership will only be considered for refund based on the following criteria:**
 - a. Moving more than 25 miles away from facility-new address proof required
 - b. Injury-see #4 below.
4. **Refunds will only be given for illness or injury if a doctor's certificate is provided.** Fees will be prorated starting with the day the cancellation request form is received by the Park District Registration Office. **Refunds requested without a doctors note** are subject to review; and if approved will be credited to your household account for future fitness or activity program registration.
5. **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 30th of each month prior to the meeting.

Date of request: _____

Household Name: _____

Membership holder: _____

Additional members: _____

Address: _____

Daytime Telephone: _____

City, State, Zip: _____

Evening Telephone: _____

Reason for cancellation: Moving Medical Facility Equipment Other Transfer

Help us to improve by providing details: _____

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

(only required for refund requested)

Credit Card Number Last 4 digits & Exp. Date

Exp. Date: _____

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

HH credit requested

By signing below I confirm that I have read and understand the refund policy in this application.

Signature: _____

(Application signature is required for all refunds)

OFFICE USE ONLY - OVER

Office Use Only

(Registration staff to complete these areas*)

*Application received by: _____ *Date: _____

*Fitness/Now Membership Type: _____ *EFT: CC or Checking (circle)

*Membership Start Date: _____ *Annual or Monthly Fee: _____

*Membership dates verified by: _____ *Date: _____

*Contract fulfilled Contract not fulfilled (see details below)

Membership fees paid: \$ _____

Less membership used: - _____

Less administrative service charges: - _____

Net Refund:

G/L #: _____

Refund by: Check Credit Card Household Credit

Approved by:

Fitness Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Executive Director: _____ Date: _____

Suspended By: _____ Date: _____

Cancelled By: _____ Date: _____

Membership deleted from Autostore/S Drive: _____ Date: _____

Staff Comments: _____

Last draw: _____ Cancel on: _____