

# Refund Request Form



Phillips Recreation Center | 505 W. Stoughton | 217-367-1544 | info@urbanaparks.org

Adult Contact Name \_\_\_\_\_  
Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Program Title \_\_\_\_\_ Program Code \_\_\_\_\_  
Program Start Date \_\_\_\_\_ Date of Last Class Attended \_\_\_\_\_

**Requests must be made no later than 10 business days after the last day you attended that particular course or league code. Requests for previous classes will not be honored.**

- Reason for Request:
- Satisfaction Guarantee
  - Medical
  - Other

Please explain, as completely as possible, your reason for wanting a refund for this course.

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Please list any suggestions you may have for improving this course in the future.

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Are you still interested in future Urbana Park District programs?      **Yes**                      **No**

If your request is approved, please select how you would like your refund processed. Please note there is a \$5 cancellation fee.

I would like the credit left on my account to apply to another course.

I would like to receive a refund by check or credit card.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Main Contact ID \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Emailed to Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Coordinator Comments/Explanation of Refund

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Refund Approved (Date) \_\_\_\_\_ Coordinator Signature \_\_\_\_\_

Refund Denied (Date) \_\_\_\_\_ Coordinator Signature \_\_\_\_\_

Did they receive a scholarship/discount? ..... Yes (Amount) \$ \_\_\_\_\_ No

Amount Paid for Class \$ \_\_\_\_\_

Processing Fee \$ \_\_\_\_\_

Total Refund \$ \_\_\_\_\_

CC: Manager \_\_\_\_\_

Superintendent of Recreation (if processing fee waived) \_\_\_\_\_

## Manager/Supt of Rec. Comments

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Refund Processed by: \_\_\_\_\_ Date: \_\_\_\_\_