



Palatine Park District Application for Transfer/Withdrawal

A request for a registration refund/change must be received a minimum of seven days prior to the first program meeting.

Some programs may qualify for a prorated refund, **if** due to an injury or illness and accompanied by a doctor's note. The refund will be based on the number of classes attended and the date the refund request is received.

Medical exceptions cannot be processed after the class has ended.

A receipt will be issued to confirm your transfer request.

Registrations paid by cash or check will be refunded by check.

Refund checks will be mailed to participants approximately 10-21 days after approval is received.

Refunds under \$10 will automatically be credited to your household account to be used for future programs.

To be filled out by Participant or Parent/Guardian:

First Name: _____

Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Program Code #: _____

Program Name: _____

Choose one:

I am requesting a: **Transfer** to another Program

Please enter program code # you wish to be transferred to: _____

I am requesting a: **Withdrawal** (Please indicate reason)

Refund _____ (\$5 processing fee)

Household Credit _____

_____ Conflict

_____ Medical (*Doctor's Note is required*)

_____ Dissatisfied, Reason: _____

_____ Other, Reason: _____

Signature of Participant or Parent/Guardian

Date:

For Office Use Only:

Notes: _____

Receipt #: _____

Payment Type: _____

Wait List: _____

Start Date: _____

_____ Fee Paid

Minus _____ Prorated Amount (*if applicable*)

Minus _____ Service Fee

_____ Total Refunded

Refund/Transfer Entered By: _____

Date Entered: _____

Coordinator: _____

Coordinator Email: _____