

# CRYSTAL LAKE PARK DISTRICT REFUND/TRANSFER REQUEST FORM

PLEASE RETURN TO ADMINISTRATION OFFICE, 1 E. CRYSTAL LAKE AVENUE OR EMAIL TO [KBUSCEMI@CRYSTALLAKEPARKS.ORG](mailto:KBUSCEMI@CRYSTALLAKEPARKS.ORG)

Participants Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

Contact name: \_\_\_\_\_


Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for refund: \_\_\_\_\_ Illness (please provide doctor note) \_\_\_\_\_ Moved \_\_\_\_\_ Schedule Conflict

\_\_\_\_\_ Class Status Change \_\_\_\_\_ Satisfaction Issue \_\_\_\_\_ Other Explanation: \_\_\_\_\_

Thank you. A Recreation Supervisor will contact you to notify you of your refund status.

 CRYSTAL LAKE PARK DISTRICT	OFFICE USE ONLY	Total Paid _____	Less Service Fee _____
	Total Refund Amount _____	or Total Amount to Transfer _____	to Code# _____
	Supervisor's approval _____ / Date _____		