

CRYSTAL LAKE PARK DISTRICT REFUND/TRANSFER REQUEST FORM

PLEASE RETURN TO ADMINISTRATION OFFICE, 1 E. CRYSTAL LAKE AVENUE OR EMAIL TO 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 _____ | | |