



# Lake in the Hills Parks & Recreation Department Cancellation Request Form

All cancellations may be subject to a \$5.00 processing fee per household. Policies governing cancellations are printed in each brochure on the page adjacent to the registration form. Please refer to these policies prior to completing this form. Please allow up to 4 weeks for receipt of refund.

Name of payee \_\_\_\_\_ Submittal Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Activity Code** you wish to cancel \_\_\_\_\_ Title of Program \_\_\_\_\_

Name of person(s) registered in class/program \_\_\_\_\_

Brief explanation of cancellation \_\_\_\_\_

I would like a refund. Yes or No OR I would like a household credit. Yes or No

**Facility Rental** location you wish to cancel \_\_\_\_\_

Scheduled date of rental \_\_\_\_\_ Brief explanation of cancellation \_\_\_\_\_

I would like a refund. Yes or No OR I would like a household credit. Yes or No

**For the cancellation refund to be processed, you must read and initial ALL of the following:**

- \_\_\_\_\_ I understand that cancellations/refunds/credits cannot be considered unless submitted to the registration office in writing no less than 3 working days prior to the start of a class/program.
- \_\_\_\_\_ I understand that no cancellation/refund/credit/transfer is considered for classes missed or forgotten.
- \_\_\_\_\_ I understand that no cancellation refunds will be considered after the second class.
- \_\_\_\_\_ I understand that only a prorated portion of a class/program (plus the \$5 service fee) will be eligible for refund if the cancellation request is made after the first class but prior to the second class.
- \_\_\_\_\_ I understand that no cancellation refunds will be issued for special events or activities requiring a registration fee.
- \_\_\_\_\_ I understand that no cancellation refunds will be issued for trips, unless the seat can be filled by someone on the waitlist for that trip.
- \_\_\_\_\_ I understand that a full refund/credit/transfer will be issued for any class/program that is cancelled by the Lake in the Hills Parks & Recreation Department.
- \_\_\_\_\_ I understand that camp cancellation refunds are unique as stated on the Camp Registration Form.
- \_\_\_\_\_ I understand that cancellation refund requests due to medical reasons must be accompanied by physician documentation.

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

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

Original Amount Paid \$ \_\_\_\_\_ Method of payment \_\_\_\_\_

Amount of Approved Refund \$ \_\_\_\_\_ Refund Process Date \_\_\_\_\_ Staff Initials \_\_\_\_\_