

GLENVIEW ICE CENTER • Application for Refund

GLENVIEW PARK DISTRICT REFUND POLICY revised October, 2004

1. This program refund application will be accepted **UP TO 24 HOURS AFTER THE FIRST CLASS IS HELD.**
2. **No refunds will be issued except for medical reasons or change of residency (proof required) if this application for refund is received more than 24 hours after the first class has met.**
3. A 10% cancellation charge will be deducted from all refunds. The minimum charge will be \$5, the maximum charge will be \$15.
4. A per class deduction will be taken for all classes which have met prior to receipt of the refund application, **regardless of attendance.**

PLEASE PRINT

Today's Date ___/___/___

I would like a refund for: (Check One)

___ Figure Skating Class ___ Hockey Class or Clinic ___ Youth Hockey League
___ Ice Rental or Party ___ Skating Pass ___ Other: _____

If applicable, write the name of the specific program / class / level: _____

Day & time class meets _____ Program I.D. # _____

Reason for Cancellation _____

Household Name (If different than participant) _____

Name(s) of Participant(s) _____

Address _____

City & ZIP _____

Adult Signature _____

DO NOT WRITE BELOW THIS LINE

Program Start Date ___/___/___ Total number of classes (if applicable) _____

Account Number(s) **If not a RecTrac Class Registration** _____

TOTAL FEE PAID \$ _____
Prorated ___ class(es) @ \$ _____ = (\$ _____)
Cancellation Charge @ 10% (\$ _____)
REFUND AMOUNT \$ _____

OFFICE NOTES: Crossed Off Class List _____

Manager's Approval _____ Date ___/___/___ Not Approved _____