



Woodridge  
PARK DISTRICT

# REFUND REQUEST FORM

DATE \_\_\_\_\_

HEAD OF HOUSEHOLD FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP CODE \_\_\_\_\_

HOME PHONE # (     ) \_\_\_\_\_

PROGRAM OR RENTAL #	PROGRAM NAME	PARTICIPANT'S FULL NAME	REASON FOR REFUND REQUEST	AMOUNT
LESS \$5.00 ADMINISTRATIVE FEE PER PROGRAM				
TOTAL REFUND REQUESTED				\$

Please check here if you would like to keep money on account instead of receiving refund.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

CHECK # \_\_\_\_\_ DATE \_\_\_\_\_