



ROSELLE PARK DISTRICT REFUND & CANCELLATION REQUEST FORM

Registrant's Name

Today's Date

Activity Name

Activity Number (see receipt)

Date of Last Class Attended (if applicable)

Supervisor notified

REASON FOR CANCELLATION:

- | | |
|--|---|
| <input type="checkbox"/> Low Enrollment | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Medical Excuse | <input type="checkbox"/> Instructor Cancelled Class |
| <input type="checkbox"/> Schedule Conflict | <input type="checkbox"/> Family Emergency |
| <input type="checkbox"/> Child Does Not Wish to Attend | <input type="checkbox"/> Other * |
| <input type="checkbox"/> Unhappy with Class | |

**IF OTHER PLEASE EXPLAIN*

For Administrative Use: PLEASE ATTACH CORRESPONDING RECEIPT

PROCESS REFUND:

Original Amount Paid	\$ _____
Administrative Fee	\$ _____
Prorate Amount	\$ _____
Total Refund Amount	\$ _____

If \$5.00 Fee is waived please explain:

REMOVE FROM PROGRAM: NO REFUND DUE

- REGISTRATION PROCESSED IN ERROR
- CUSTOMER CANCELLED

Supervisor Approval

Date

Date Request Received

Refund Processed By

Date