



700 S. Bartlett Road
Bartlett, IL 60103
630-540-4800
www.bartlett-parks.org

Bartlett Park District Cancellation Request Form

Please note that on your original Registration Form you agreed to the Cancellation/Refund/Transfer policies of the Bartlett Park District.

A \$7.00 cancellation fee is charged per person, per program and is mandatory.

Activity Cancellation Requests can only be considered when received in writing seven or more working days prior to the start of the program or activity.

Sport League Cancellation Requests can only be considered when the Cancellation Request is received prior to the registration deadline. Cancellation Requests received after the registration deadline can only be considered when a replacement for the team is found and registered.

Preschool and other specialty program Cancellation Requests can only be considered when it is within the Preschool Refund Policy as listed on the Registration Forms.

Today's date: _____

Date the activity/program will begin _____ (7 or more working days required)

Name of head of household: _____

Address _____ Day phone _____
(as listed on the registration form)

City/zip _____ Email _____

Full name of person to be cancelled _____

Activity/program title _____ Activity ID# _____

CIRCLE IF DESIRED: YES I would like the credit placed on my Bartlett Park District household account.

Mandatory: Circle or list the reason you are submitting a Cancellation Request:

Changed mind

Schedule conflict

Medical--A doctor's note or other documentation is required at this time.

Family emergency --documentation is required at this time.

Other _____

OFFICE: Amount paid _____ Payment type: cash check credit

\$7.00 Refund Fee codes: *Activity 91602 * Pass 91600 *Facility 91599 *POS 9997

Total Amount left in Program _____ **Total Refund** _____

Authorized by _____ **Date** _____ **Refund Processed** _____