

**REQUEST FOR  
TRANSFER/  
CREDIT/REFUND****Satisfaction Guarantee Policy**

If you are not satisfied with any recreational program, event, or activity, the Hoffman Estates Park District will arrange for you to:

- Repeat the class at no charge
- Receive a credit applicable to another program
- Receive a refund

**Request for:**

Household # \_\_\_\_\_

\_\_\_\_\_ Transfer to Program # \_\_\_\_\_

\_\_\_\_\_ Apply to Household Credit Balance

\_\_\_\_\_ Refund (by Business Department)

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Registrant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Program Name \_\_\_\_\_ Program Number \_\_\_\_\_ Section \_\_\_\_\_

Reason for Request \_\_\_\_\_

A \$5.00 PROCESSING FEE WILL BE REQUIRED FOR ALL REFUND REQUESTS MADE PRIOR TO CLASS START

Signature \_\_\_\_\_

Number of Classes Attended \_\_\_\_\_ Last Day of Preschool \_\_\_\_\_

**OFFICE USE ONLY****Payment Type**

Received/Processed by \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Date Registered \_\_\_\_\_

Credit Card# \_\_\_\_\_

Transfer/Amount Paid \_\_\_\_\_

Exp. Date \_\_\_\_\_

Pro-rated Amount \_\_\_\_\_

Receipt Number \_\_\_\_\_

Amount Applied \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Refund/Credit \_\_\_\_\_

Registration Location \_\_\_\_\_