



REFUND APPLICATION

Refund Policy

Unless the program was cancelled by the City, a \$5.00 service fee will be charged for refunds. For programs already in session, refunds will be prorated. Refunds will be issued in the following situations:

1. Written proof of illness or medical problem for the participant or immediate family member prior to or during the program or activity.
2. Written proof that the participant has moved or will move out of the service boundaries of the City of Evanston prior to or during the program or activity.
3. Unusual circumstances which fall into the category of "hardship".
4. Refunds are returned to customers in the method paid. All transactions paid in cash or check will be returned in check form.
5. Any credit will be applied to outstanding debts to the Parks, Recreation, and Community Services Department before a refund is issued.

Summer Camp Refund Policy

Refunds will be applied to any outstanding household balances owed by your account to the City of Evanston, Parks and Recreation Department. Refunds will be issued by check or credit card based upon the method of payment used at the time of registration. Cash payments will be refunded by check.

One hundred percent of the camp, minus the deposit, will be refunded if the request is received more than one week before the camp begins. If the request is received 7 to 1 days before the camp starts a refund of 50% will be issued, minus the deposit. No refunds will be approved once the camp begins.

Medical excuses, documented in writing by a physician, will result in a pro-rated refund based upon the number of days attended. All refund requests need to be approved by the Program Coordinator before processing

NO REFUNDS on Daily, Seasonal or Yearly Activity Passes/Programs

These include, ice skating passes, fitness passes, leagues and the like.

- ☐ Credit my Evanston Recreation household account
☐ I originally paid by check or cash
☐ I originally paid by credit card

Participant name:_____ **Guardian name:**_____

Address:_____

Contact phone #:_____ **Program name:**_____

Reason for refund:_____

*(Please provide supporting documentation when applicable.)

OFFICE USE ONLY

Manager Signature

Manager, verify item is completed

☐ Manager has verified refund is valid