



Wildwood Park District Transfer/Refund Request Form

Please submit completed forms and/or questions to:

Phone: 847.223.7275 **Fax:** 847.223.2820 **Email:** info@wildwoodparkdistrict.com
Office: 33325 N. Sears Blvd., Wildwood, IL 60030

Participant's Name: _____ Phone #: _____

Address: _____

Program Title: _____ Class ID: _____

I am requesting **TRANSFER** to another program.

Current Class ID: _____ Transferred to Class ID: _____

I am requesting a **REFUND**.

Refund Amount: _____ Credit to Account: _____

Please indicate reason for refund:

Illness/Injury Moved Instructor Recommendation Schedule Conflict

Other: _____

Have you already attended some of the class? Yes No

If yes, how many classes have you taken? _____

Signature (Parent or Legal Guardian, 18 Years or Older)

Date

OFFICE USE ONLY

Original Payment Date: _____ Type of Payment: _____

Processing Date: _____

Supervisor's Approval: _____ Date: _____

Refunds will be received in two (2) to four (4) weeks