

Oregon Park District
304 S. Fifth Street, P.O. Box 237
Oregon, IL 61061
Phone: (815) 732-3101
Fax: (815) 732-3736

Refund Request Form

Name: _____ Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Name of class you are requesting a refund for: _____

Scheduled dates of class: _____

Reason for refund request: _____

Signature: _____ Today's Date: _____

The Oregon Park District requires that all refund requests be in writing. An administrative fee of \$5.00 will be deducted from the amount of refund to offset the cost to the District of processing the refund. A full refund, less the fee, will be granted if application for refund is filed with the office at least ten days prior to the scheduled start of the activity/program, unless special refund policies are stated in the program brochure. Refunds will not be granted after the registration deadline. To avoid the \$5 administration fee, the refund amount may be credited to another program fee. Full refunds will be granted if the District cancels the activity/program.

Office Use Only:

Received by: _____ Date: _____

Refund Approved _____ Refund Denied _____

Amount of Refund: _____

Reason: _____

Signature: _____ Date Refund was processed: _____