

Request for Program Transfer/Cancellation

A \$5 processing fee will be applied for all refund requests.



1685 W. Higgins Road, Hoffman Estates, IL, 60169
847-885-7500, HEParks.org

Household information

Household last name: _____

Date: _____

Name of participant: _____

Household ID#: _____

Address: _____

Phone #: _____

Program information

Program name: _____

Program ID#: _____

Number of classes attended: _____

Last day of attendance for
STAR/Preschool/LSC participants: _____

Select one:

☐

Request for transfer

☐

Request for cancellation

Transfer to:

Program name: _____

Program number: _____

☐

Credit household account

☐

Refund to original form of payment

Reason for transfer or cancellation request

HEParks Satisfaction Guarantee Policy: if you are not satisfied with any 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 or receive a refund.

I authorize the program transfer/cancellation. A \$5 processing fee will be charged for all refund requests.

Primary guardian signature: _____ Date: _____

Internal use

Received by: _____ Date: _____

Processed by: _____ Date: _____

Receipt #: _____

Credit card last four #: ____ ____ ____ ____

Check: _____

Administrative charges: **\$5.00**

Refund/credit amount: _____