



Satisfaction Guarantee Form

Approvals are at the discretion of the Bolingbrook Park District

Household & Program Information

Household ID Number:	Household Phone #:	Date:
Household Name:	Participants Name:	
Street Address 1:		
City:	State: IL	Zip Code:
Program Name:	Begin Date:	
Code / Res #:	Fee:	

Reason for Request:

If your experience did not meet your expectations please provide details and also let us know how we can improve.

Office Use Only

Form Completed by: _____ Date: _____

Supervisor Approval: _____ Date: _____
Place Signature Stamp above

RecTrac Refund Completed by: _____ Date: _____
Place Signature Stamp above

Check Processed by: _____ Date: _____
Place Signature Stamp above

Print Customer Copy

Email this Form for Processing

Refund Type:

<input type="checkbox"/> Repeat Class	<input type="checkbox"/> HH Credit	<input type="checkbox"/> Refund Check
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Notes:

If transferring to another program please complete the following:

Program Name:
Begin Date:
Code / Res #:
Fee:
Refund Amount: