

# WAUKEGAN PARK DISTRICT

## Participation Cancellation Form

This cancellation form must be submitted by the cancellation date specified by the program of participation. All accrued dues, penalty charges, and other charges for which the participant may be liable of are due at time of cancellation. If the termination is because of death or disability the customer, or his/her estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. The Waukegan Park District shall in such event have the right to require and verify reasonable evidence of such death or disability. For complete Cancellation Policies, please refer to the signed Agreement.

Participant name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address, City, State Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact name if different from Participant: \_\_\_\_\_

Program/Lesson Canceling \_\_\_\_\_

Date of Last Lesson/Class: \_\_\_\_\_

Reason for Cancelling: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>		
HH#:	Form Received by:	Date:
Total Fees paid upon cancellation (this is the amount until last lesson/class): \$		
<b>Office Use for Supervisory Staff (name)</b>		
Adjustment of registration completed (date):	Additional Fees Due: \$	
Notified Contact/HH of amount still due/owed (date):	Auto Credit Card/In Person/Refund	
Date of final recurring Credit Card payment for this program/lesson:		