



At the Park District of Highland Park, we are committed to providing the public with high quality recreation programs. Our residents are important to us and we feel they deserve quality at all times. We are so confident in our recreation programs that we back it with a policy, called the Good Time Guarantee. Our promise and policy is as follows:

The Park District of Highland Park will grant you a full refund of your program fees if requested by the beginning of the third class if you are unsatisfied with the quality of instruction, if the skill level is not appropriate, or your child is unhappy in the class.

This policy applies to recreation classes ONLY. A recreation class is defined as a program where Park District personnel teach activities or skills over a period of six or more class periods. This policy does not apply to season memberships or passes, camps, contractual programs, basketball or baseball programs, special events, picnic permits or programs less than five weeks in length.

Guidelines:

- 1. Participant must attend the program's first two class sessions.**
- 2. The Good Time Gurantee Refund Form must be filled out appropriately and received prior to the third class meeting.**

Upon receiving your completed form before the third class, we will process a full refund of your paid fees.

PLEASE PRINT CLEARLY

Date Submitted to Park District: _____/_____/_____

Name of Adult Requesting Refund: _____

Address: _____

Phone #: _____ Email Address: _____

Participant Name: _____

Program #: _____ Program Name: _____

Fee Paid: \$ _____ # of Classes Attended: _____

Check Appropriate Reason for Refund Request:

Unsatisfied With Quality of Program and Instruction- *What aspect of the instructional program did you find unsatisfactory?*

Skill Level Inappropriate- *Was your child not at the appropriate skill level to have a successful class?*

Child Unhappy in the Class- *How did your child react negatively to the program? What was attempted by the instructor to make your child feel more secure in the program?*

Office Use Only

Date Received: _____/_____/_____

Approved for Full Refund

Form Reviewed by: _____ Supervisor _____ Dept. Head _____ Director

Program Supervisor Signature: _____

Return to Registration Office for Processing Once Approved