

## 2026 Camp Refund Request Form

Save time and cancel your camp enrollment online! Log on to your Park District account and select Process a Cancellation from the My Account menu to get started. Note: You will not be able to use the online cancellation tool if you received a discount. Please contact registrations@pdhp.org to review cancellation options.

Should you choose not to cancel your camp enrollment online, please complete this request form in its entirety and return to a Park District facility. All program refunds are subject to the established refund schedule and service charges as outlined

Please check the appropriate box:  REFUND REQUEST DEADLINES - Refunds will not be granted after the following dates:  4 Week Camps - May 4, 2026				
	1 Week Camp Refund Request Submitted ON or BEFORE May 4, 2026	A \$20 service charge per camper per mini or extended camp is assessed.		
	Bus Transportation Refund Request (for CREW CAMP ONLY) Submitted ON or BEFORE April 4, 2026	No service fee is assessed for requests to remove busing prior to April 4, 2026. Busing is non-refundable after this date.		
	of Request: Name	of Participant:		
Phone	#: Ema	ail Address:		
Progra	ım #Program Name	e:		
Reaso	n for Request:			
Fee Paid: Name of Adult Requesting Refund:				
Signat	ure:			
<ul><li>Refu</li><li>Refu</li><li>Direc</li><li>Regi</li><li>A ref</li></ul>	d Guidelines:  Inds will be issued back to the original form of payinds will be issued in the name of whomever initially offices, such as uniform, equipment or supply fees stration and the applicable payment are non-transfund will not be granted if the refund amount is less nds are generally processed within 3 business day	ly submitted the payment. s, are not refundable. sferrable between individuals.		

- accuracy.
- Confirmation of the refund will be sent via email.
- Refunds by check can take 2-4 weeks to issue. A refund to a charge card may be processed within 3 business days; however, the credit may not appear on the card's statement until the next billing cycle.

OFFICE USE ONLY				
Amt Customer Paid:	Service Charge:	= Amt of Refund		
Other Arrangements/Comments:				
Supervisor Signature:		Date:		
This form is only for full or partial refunds initiated by customer request. If customer wants to transfer, please attach the "Internal				

Refund or Transfer Request for Single Participant" completed by program manager.