



# Membership Cancellation/Leave of Absence Request Form

Today's Date: \_\_\_\_\_

Main Contact First and Last Name (please print): \_\_\_\_\_

Additional Members – First Name(s) Only: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Membership Type:**

Fitness Center \_\_\_ Pavilion Aquatics \_\_\_ Rainbow Falls \_\_\_ Pirates Cove VIP \_\_\_ Adult Center \_\_\_

Type of Request: Cancellation \_\_\_ **OR** Leave of absence \_\_\_  
If Requesting Leave of Absence Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Purpose/Reason (check all that apply):**

Medical \_\_\_ Permanent Change of Residence \_\_\_ Temporary Change of Residence \_\_\_ Other \_\_\_

**Please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proper documentation must be attached to this form at time of submittal. Please allow 10 days to process all refund requests.

I agree that the attached documents and the information provided on this form are true to the best of my knowledge.

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

*Office use only*

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Given to: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Superintendent: Approved: \_\_\_ Declined: \_\_\_ Date Sent for Processing: \_\_\_\_\_

Refund amount: \_\_\_\_\_ **OR**

Date of Reactivation: \_\_\_\_\_ Current Expiration: \_\_\_\_\_ New Expiration: \_\_\_\_\_

Date processed: \_\_\_\_\_ By: \_\_\_\_\_

### **Fitness Center and Pavilion Aquatics Center: Leave of Absence Policy**

This form is required to be filled out and signed by the person requesting the leave. The leave of absence is to be a minimum of one month and a maximum of four months. You may only take one leave per membership year. If the leave of absence is for medical reasons, you will need a doctor's note from your physician allowing you to return to physical activity. If you have additional members attached to your membership, all will be affected by the leave of absence. Once you return, the total time absent will be divided evenly among all members on the membership unless all members went on leave at the same time. There will be a \$10 monthly administrative fee charged upon your return. Please see Membership Services to receive your extended time.

There will be no leave of absence approvals for Rainbow Falls Waterpark Memberships

### **Fitness Center: Refund Policy**

- 30 day written notice (completion of this form) of cancellation in person is required for all cancellations.
- Cancellations for medical, change of residence or unusual circumstances are at the discretion of the Elk Grove Park District.
- If a 30 day written notice of cancellation in person is done in the first year of membership, a cancellation fee (equal to the amount of enrollment fee; not to exceed \$79) will be charged to account. A 30 day written notice of cancellation in person after first year of membership will be prorated to effective date.

### **Pavilion Aquatics Center and Rainbow Falls Waterpark: Refund Policy**

- Completion of this form is required for all refunds being requested.
- Refund requests that are based on medical, change of residence or unusual circumstances are at the discretion of the Elk Grove Park District. Proof of medical condition, change of residence or other reasons provided may be required in order to receive a refund.
- Prorated refunds cannot be given retroactively. If approved they will be issued from the date the refund was approved, going forward.
- Two weeks after a pass purchase date, the Elk Grove Park District reserves the right to charge a service fee for any refund that is approved.

### **Pirates Cove VIP: Refund Policy**

- 30 day written notice (completion of this form) of cancellation in person is required for all cancellations.
- Cancellations for medical, change of residence or unusual circumstances are at the discretion of the Elk Grove Park District.
- If a 30 day written notice of cancellation in person is done in the first year of membership, a cancellation fee (equal to the amount of enrollment fee; not to exceed \$79) will be charged to account. A 30 day written notice of cancellation in person after first year of membership will be prorated to effective date.

### **Sheila Ray Adult Center: Refund Policy**

- Completion of this form is required for all refunds being requested.
- Refund requests that are based on medical, change of residence or unusual circumstances are at the discretion of the Elk Grove Park District. Proof of medical condition, change of residence or other reasons provided may be required in order to receive a refund.
- Prorated refunds cannot be given retroactively. If approved they will be issued from the date the refund was approved, going forward.
- Two weeks after a pass purchase date, the Elk Grove Park District reserves the right to charge a service fee for any refund that is approved.