



# 100% Program Satisfaction *Guarantee*

*If you are not completely satisfied with the program you have participated in, we want to know about it!*

## **Refund Application**

This form must be returned within 10 days of the last day of class to:

**CE & Rec Dept.**

**W152 N8645 Margaret Dr., Menomonee Falls, WI 53051**

**Phone 262-255-8460, FAX 262-255-8411**

Name of Participant \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of person requesting refund \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Program Name \_\_\_\_\_ Course # \_\_\_\_\_

Class Start Date \_\_\_\_\_ Instructor \_\_\_\_\_ Fee Pd. \_\_\_\_\_

Please indicate the reason/s you were not 100% satisfied with your experience, and include a brief description of the problem.

- |   |  |
|---|--|
| <input type="checkbox"/> Instructor         |  |
| <input type="checkbox"/> Course Content     |  |
| <input type="checkbox"/> Course Description |  |
| <input type="checkbox"/> Facility Space     |  |
| <input type="checkbox"/> Equipment          |  |
| <input type="checkbox"/> Other              |  |

We appreciate your input, and hope to use it to enhance the quality of the program experience for future participants.

Please check the action you would prefer.

- I would like to repeat the class at no cost. Please contact me regarding future classes.
- Hold the refunded course fee in my account to be used on future registration.
- I would like to receive a refund for the class fee.
  - If paid by credit card, the cost will be refunded directly to that card.
  - If paid by cash or check, payment will be made by check, and sent to address listed above

Internal Use:

- Director
- Supervisor
- Program Coordinator
- Instructor

Action Taken: