

Withdrawal Request Form FORM FOR DROP-OFF OR MAIL

		ONLY

OFFICE USE ONLY		Based on situation/outcome below								
Date Received:(dd/mm/yy)		☐ Full Refund: \$		Date Processed:/(dd/mm/yy) Processed by:						
Time Received:		□ Pro-rated Refund:		Processed I	oy:					
eceived by: # of classes remaining										
The personal information on this form is c registration and administration. Ouestions	ollected under regarding the	the authority of the Municipal Act, 2001, S.O. 2001, C.25, and will be used for the purposes of program collection and use of the personal information can be directed to the Manager, Information Governance					of program overnance.			
225 East Beaver Creek Road, Richmond F		5-771-8800.								
A. ADULT/PARENT/GU	ARDIAN		E PRINT							
LAST NAME: FIRST NAME:										
FAMILY ADDRESS:				APT/UNIT#:						
CITY/TOWN: POSTAL CODE:		HOME PHONE NO.:			CELL PHONE:					
EMAIL ADDRESS:				□ RECEIVE	☐ RECEIVE RECREATION AND CULTURE EMAIL NEWSLETTER					
B. PARTICIPANT INFOR	MATION	ı								
LAST NAME:		FIRST NAME:		BIRTH DATE: DAY	MONTH YEAR	GENDER: M	III FII			
C. COURSE INFORMAT	ION				' '					
	SE CODE	LOCATION		START DATE	TIME	LES	SS # CLASSES			
WITHDRAWAL FROM COURSE										
COURSE ☐ General Program CATEGORY: ☐ Aquatic Program		☐ Summer Camp ☐ Aquatic Leadership Course		☐ One-Day Course or Workshop						
D. REASON FOR WITH	DRAWAL									
☐ Course day/time does not fit my schedule		☐ Course content not what was expected		☐ Class t	☐ Class too long (# of weeks)					
☐ Course location		☐ Instructional quality not what expected		☐ Class t	☐ Class too long (# of hours per class)					
\square Medical reasons (please attach a doc	ctor's note)	☐ Class size too large	☐ Class size too large							
☐ Other (please explain):										
E. REFUND INFORMAT	ION									
☐ Credit my family account (nor				☐ Refund by Cheque						
(to be used toward future registration or membership fees)		(if original payment was made by credit card)		(if original payment was made by cash, cheque or Interac)						
Withdrawal requests will be processed according to the criteria outlined below. If applicable, please allow 2 to 4 weeks for refund processing. Submission of a form does not guarantee that a refund will be issued, and non-attendance at a program does not constitute a notice of withdrawal. Withdrawal requests will only be accepted through ActiveRH or by Withdrawal Request Form. Requests to "Refund to Account" are final. If you would prefer a credit card refund, please select that option in Section E below.										
SITUAT				OUTCOME						
If you withdraw less than 5 business da Summer Camps, Winter Break Camps Programs, Aquatic Leadership Course	(Camps. School Holiday	No credit or r	No credit or refund will be issued.*							
If you withdraw from the courses not lis business days prior to the course start	ng ActiveRH 2 or more	You will recei	You will receive a full credit or refund as requested.*							
If we receive your Withdrawal Request F course start date	e business days prior to t	the You will recei	You will receive a full credit or refund as requested.*							
If we receive your Withdrawal Request F to the course start date	2 business days prior	You will recei a refund, you	You will receive a full credit on your account for future use. If you reca refund, you will receive a full refund less a \$15 administration fee.			f you request tion fee.*				
If we receive your Withdrawal Request Form on or after the first day and up to one business day prior to the third day of the course			You will receiv date the Refu	You will receive a pro-rated credit or refund for any classes remaining as of the date the Refund Request Form is received, less a \$15 administration fee.*						
If we receive your Withdrawal Request Form on or after the third day of the course or after the program has ended			No credit or r	No credit or refund will be issued.						
If we receive your Withdrawal Request Form accompanied by a doctor's note indicating that the participant can no longer attend due to medical reasons			You will recei the Withdraw	You will receive a pro-rated credit for any classes remaining as of the date the Withdrawl Request Form and doctor's note are received.						
If we cancel your program			You will recei	You will receive a full credit or refund as requested.						
If the participant is withdrawn by our sta	ram incompatibility	You will recei of withdrawa	You will receive a prorated credit for any classes remaining as of the dat of withdrawal.			s of the date				
I acknowledge that I have read and und	erstand the W	ithdrawal Request proces	sing criteria as outlir	ned above.						
Client Signature:					Date:					