

## Transfer Request Form FORM FOR DROP-OFF OR MAIL

FOR OFFICE USE ONLY

OFFICE USE ONLY		Based on situ	uation/outcome bel	low				
Date Received:/	_ (dd/mm/yy)	□ Full Refund: \$						
Time Received:		□ Pro-rated Refund:			Processed by:			
Received by:	Based on situation/outco							
registration and administration. Questions regarding the collection and use of the personal information can be directed to the Manager, Information Governance, 225 East Beaver Creek Road, Richmond Hill, Ontario, 905-771-8800.								
			PLEASE PRINT					
A. ADULT/PARENT/GUARDIAN INFORMATION								
LAST NAME:	FIRST NAME:			T NAME:				
FAMILY ADDRESS:					APT/UNIT#:			
CITY/TOWN:	TY/TOWN: POSTAL CODE:		HOME PHONE NO.:			CELL PHONE:		
EMAIL ADDRESS:	RECE			☐ RECEIVE R	E RECREATION AND CULTURE EMAIL NEWSLETTER			
B. PARTICIPANT INFORMATION								
LAST NAME:		FIRST NAME:		BIF	BIRTH DATE: DAY MONTH YEAR GENDER: M□ F□			
C. COURSE INFORMATION								
COURSE C	ODE	L	LOCATION	ST/	ART DATE	TIME	LESS # CLASSES	
TRANSFER OUT OF COURSE								
TRANSFER IN TO COURSE								
COURSE General Program Summer Camp One-Day Course or Workshop CATEGORY: Aquatic Program Aquatic Leadership Course								
D. REASON FOR TRANS	SFER							
$\square$ Course day/time does not fit my	☐ Course content not what was expected ☐ Cla			☐ Class	ss too long (# of weeks)			
☐ Course location		$\hfill\square$ Instructional quality not what expected			☐ Class too long (# of hours per class)			
☐ Medical reasons (please attach a d	☐ Class size too large							
☐ Other (please explain):								
Transfer Requests will be processed according to the criteria outlined below. Transfers are accepted up to the start of the second class (third class for swimming lessons). Transfers are contingent upon space being available in the course transferred into. Transfer requests will only be accepted through RichmondHill.ca/ActiveRH or by Transfer Request Form.								
SITUATION  OUTCOME  If we receive your Transfer Request Form less than 5 business days prior to the course								
start date for Summer Camps, Winter Break Camps, March Break Camps, School Holiday Programs, Aquatic Leadership Courses or one-day courses or workshops				No credit or refund will be issued.				
If we receive your Transfer Request Form <b>prior to the course start date</b>				You will receive a full credit for the course transferred out of.				
If we receive your Transfer Request Form up to and including the second day of the course (third class for swimming lessons)				You will receive a pro-rated credit for the course transferred out of. You will not receive a credit for the class that takes place on the day we receive your Transfer Request Form.				
I acknowledge that I have read and under	rstand the Trans	sfer Request proce	ssing criteria as outlined	above.				
Client Signature: Date:								
E. PAYMENT INFORMATION (If required)								
☐ Use credit on my family account	I authorize	the Town of Richn	mond Hill to charge my:	□VISA	☐ MASTERO	CARD   AME	ERICAN EXPRESS	
☐ Credit Card \$ CREDIT CARD   EXP								
☐ Cash or Cheques \$	CARDHOLDER				CARDHOLDER			
NAME: SIGNATURE:								