



# Transfer Request Form

FOR OFFICE USE ONLY

FORM FOR DROP-OFF OR MAIL

**OFFICE USE ONLY**

Based on situation/outcome below

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)  Full Refund: \$ \_\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Time Received: \_\_\_\_\_  Pro-rated Refund: \_\_\_\_\_ Processed by: \_\_\_\_\_

Received by: \_\_\_\_\_ # of classes remaining: \_\_\_\_\_

The personal information on this form is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, C.25, and will be used for the purposes of program 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: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_ APT/UNIT#: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  RECEIVE RECREATION AND CULTURE EMAIL NEWSLETTER

## B. PARTICIPANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ BIRTH DATE: DAY | MONTH | YEAR GENDER: M  F

## C. COURSE INFORMATION

	COURSE CODE	LOCATION	START DATE	TIME	LESS # CLASSES
TRANSFER OUT OF COURSE					
TRANSFER IN TO COURSE					

COURSE CATEGORY:  General Program  Summer Camp  One-Day Course or Workshop  
 Aquatic Program  Aquatic Leadership Course

## D. REASON FOR TRANSFER

Course day/time does not fit my schedule  Course content not what was expected  Class too long (# of weeks)

Course location  Instructional quality not what expected  Class too long (# of hours per class)

Medical reasons (please attach a doctor's note)  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](http://RichmondHill.ca/ActiveRH) or by Transfer Request Form.

SITUATION	OUTCOME
If we receive your Transfer Request Form <b>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...</b>	<b>No credit or refund will be issued.</b>
If we receive your Transfer Request Form <b>prior to the course start date...</b>	<b>You will receive</b> a full credit for the course transferred out of.
If we receive your Transfer Request Form <b>up to and including the second day of the course (third class for swimming lessons)...</b>	<b>You will receive</b> 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 understand the Transfer Request processing criteria as outlined above.

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

## E. PAYMENT INFORMATION (If required)

Use credit on my family account I authorize the Town of Richmond Hill to charge my:  VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card \$ \_\_\_\_\_ CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ MONTH - YEAR

Cash or Cheques \$ \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ CARDHOLDER SIGNATURE: \_\_\_\_\_