



Withdrawal Request Form

FORM FOR DROP-OFF OR MAIL

FOR OFFICE USE ONLY

OFFICE USE ONLY

Date Received: ____/____/____ (dd/mm/yy)
Time Received: _____
Received by: _____

Based on situation/outcome below
 Full Refund: \$ _____
 Pro-rated Refund: _____
of classes remaining: _____

Date Processed: ____/____/____ (dd/mm/yy)
Processed by: _____

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

WITHDRAWAL FROM COURSE	COURSE CODE	LOCATION	START DATE	TIME	LESS # CLASSES
COURSE CATEGORY: <input type="checkbox"/> General Program <input type="checkbox"/> Aquatic Program		<input type="checkbox"/> Summer Camp <input type="checkbox"/> Aquatic Leadership Course			
		<input type="checkbox"/> One-Day Course or Workshop			

D. REASON FOR WITHDRAWAL

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): _____

E. REFUND INFORMATION

Credit my family account (non-reversible) (to be used toward future registration or membership fees)
 Refund my Credit Card (if original payment was made by credit card)
 Refund by Cheque (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.

SITUATION	OUTCOME
If you withdraw 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 workshops...	No credit or refund will be issued.
If you withdraw from the courses not listed above using ActiveRH 2 or more business days prior to the course start date...	You will receive a full credit or refund as requested.*
If we receive your Withdrawal Request Form 2 or more business days prior to the course start date...	You will receive a full credit or refund as requested.*
If we receive your Withdrawal Request Form less than 2 business days prior to the course start date...	You will receive a full credit on your account for future use. If you request a refund, you will receive a full refund less a \$11.30 administration 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 receive a pro-rated credit or refund for any classes remaining as of the date the Refund Request Form is received, less a \$11.30 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 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 receive a pro-rated credit for any classes remaining as of the date the Withdrawal Request Form and doctor's note are received.
If we cancel your program...	You will receive a full credit or refund as requested.
If the participant is withdrawn by our staff due to program incompatibility...	You will receive a prorated credit for any classes remaining as of the date of withdrawal.

I acknowledge that I have read and understand the Withdrawal Request processing criteria as outlined above.

Client Signature: _____ Date: _____