



Transfer 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:			<input type="checkbox"/> RECEIVE RECREATION AND CULTURE EMAIL NEWSLETTER

B. PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
------------	-------------	--------------------------------	---

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

<input type="checkbox"/> Course day/time does not fit my schedule	<input type="checkbox"/> Course content not what was expected	<input type="checkbox"/> Class too long (# of weeks)
<input type="checkbox"/> Course location	<input type="checkbox"/> Instructional quality not what expected	<input type="checkbox"/> Class too long (# of hours per class)
<input type="checkbox"/> Medical reasons (please attach a doctor's note)	<input type="checkbox"/> Class size too large	
<input type="checkbox"/> 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 Aquatic Leadership Courses or one-day courses or workshops...	No credit or refund will be issued.
If we receive your Transfer Request Form prior to the course start date...	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 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: _____