



Department of Leisure Services

CANCELLATION REQUEST FORM

(Please print clearly)

Family Information

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number Home # \_\_\_\_\_ Business # \_\_\_\_\_

Course Information

Participant's Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Day: \_\_\_\_\_ Course Time: \_\_\_\_\_

Please indicate whether you would like a refund or a credit on your family account:

CREDIT MY FAMILY ACCOUNT (to be used for future registrations)

CHEQUE (please allow up to 4 weeks/ \$10 administrative charge will apply)

Please check the description(s) that best explains why you are withdrawing from the course:

- Program not what I expected, Class too long, Medical, Time course offered, Instructional quality, Moving out of area, Location of course, Class size too large, Other (please explain):

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

OFFICE USE ONLY
Received By: \_\_\_\_\_ Date: MM DD YY
Area (circle): Aquatics Programs Fitness Bookings Supervisor: \_\_\_\_\_
FULL REFUND:  PARTIAL REFUND:  (# of classes)
Amount: \$ \_\_\_\_\_ Amount less all taxes: \$ \_\_\_\_\_ GST: \$ \_\_\_\_\_
Account #: 11.51.88.2.5001.0003 Receipt #: \_\_\_\_\_
Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

