

SEVERN RECREATION REFUND REQUEST FORM

APPLICANT INFORMATION				
LAST NAME:	AME: FIRST NAME:			
ADDRESS:				
CITY/TOWN:	POSTA	L CODE:	SIGNATURE:	
HOME PHONE #:	EMAIL	ADDRESS:		
PARTICIPANT INFORMATION				
LAST NAME:	FIRST	NAME:	BIRTH DATE:	
COURSE INFORMATION				
PROGRAM NAME:	PROC	GRAM CODE:	START DATE: TIME:	
REFUND INFORMATION				
Refund Cheque Only				
PROGRAM WITHDRAWAL & REFUND POLICY				
Program withdrawal and refund requests must be made by completing the Refund Request Form. Your completed form must be brought to the Township offices during its hours of operation or faxed to the attention of The Recreation Co-ordinator. Refund request forms will be processed according to the criteria outlined below. Once approved, please allow four to six weeks for refund processing . Submission of a form does not guarantee that a refund will be issued, and non-attendance of a program does not constitute a notice of withdrawal. Refund requests will be accepted by use of this form sent by email to recreation@severn.ca or in person to Administration Office, 1024 Hurlwood Lane, Severn				
If we cancel/change program details which prohibit someone from attending		You will receive a full refund		
If we receive your Refund Request Form after the second day of the program		No refund will be issued unless Refund Request Form is accompanied by a Doctor's note indicating that the participant cannot attend due to medical reasons.		
If we cancel your program due to low registration		You may transfer to another program if space is available, or you will receive a full credit or refund.		
If a participant is withdrawn by an instructor due to incompatibility		You will receive a prorated refund for any classes remaining as of the date of the withdrawal.		
Date Received://(d/m/y/)		FOR OFFICE USE ONLY	Date Processed:/ (d/m/y)	
Time Received:		Full Refund: \$	Processed By:	
] Pro	o-rated Refund: \$		
] #	t of classes remaining:		