



REFUND REQUEST FORM FOR MEDICAL AND EXTENUATING CIRCUMSTANCES

This form is to be used for refund requests submitted after the deadline to apply for refunds. Refunds requested after the first class must be submitted with this application and an accompanying doctor's note

Administrative fees: \$10 (\$25 for After 4 and children's camps)

Pro-rating: All refunds are pro-rated

Please fill out the fields below

Office Use ONLY

Date Refund Requested: _____

Includes GST of:
\$ _____

Payable To: _____

Receipt Number:

Address: _____

Date Mailed:

Notes:

Program: _____

Reason: _____

Approved By:

Requested By: _____

Original amount paid: \$ _____