

Person Requesting (Primary Guardian): _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone #:(H) _____ E-mail: _____

Reason for Refund/Credit: _____

Medical Note/Certificate Attached:

Registrant's Name: _____

Program/Membership Information: _____

Program/Membership Dates: _____

Aquatic Programs - Number of Lessons Received: _____

I am requesting a:

Credit applied to my account (Minus \$10 administration fee)

Refund (Minus \$10 administration fee)

Original Method of Payment: Cash Debit Visa* MasterCard* /

*Visa/MasterCard # _____ Expiry _____ / _____

If approved, the refund will be applied to above card.

- Credits/Refunds may be issued for medical reasons only. Please attach Medical Note and Receipt. Your credit/refund will not be processed without these items attached.
- Please allow up to 30 days for processing.
- No refund or credit will be granted for unused membership time or lessons missed/not taken prior to submitting the refund/credit request form.
- Applicants will not be contacted regarding status, approved credits will be applied directly to household account, credit card refunds will be applied to card listed above and debit/cash refunds will be mailed to address listed above.

Signature: _____ **Date:** _____

(Customer)

OFFICE USE ONLY

TO BE COMPLETED BY CUSTOMER SERVICE STAFF

IMPORTANT: Forms are not to be accepted by Customer Service Staff unless all of the required information is attached.

Medical Certificate/Note

Receipt

Household Id #: _____

Customer Service Staff Name: _____ Date Received: _____

Customer Service Staff Comments: _____

Division Manager Comments: _____

CREDIT/REFUND STATUS

Approved

Denied

Amount: _____

Credit/Refund Processed by: _____

Applied to HH

Refunded to CC

Mailed

Signature: _____

Date: _____