



Recreation & Leisure Services Refund/Credit Request Form

All requests for refunds or credit must be completed on this form and returned to Artillery Park Aquatic Centre at 382 Bagot Street, or the INVISTA Centre at 1350 Gardiners Road.

Prior to the program start date: Withdrawals may be made before a program starts and a full credit will be placed on your account. Requests for refunds are subject to a \$10 service charge.

On or after the program start, prior to third class: Requests received on/after the start date up to one business day prior to the third class (regardless of class time) will be pro-rated as of the date of notification. A pro-rated credit will be left on your account. Requests for refunds are subject to a \$10 service charge **UNLESS THE PROGRAM HAS BEEN CANCELLED BY THE CITY**

On or after the third class: Requests made on/after the third class will be processed for medical reasons ONLY and must be accompanied by a doctor's note. A pro-rated amount, based on the date of notification, will be credited to your account. Requests for refunds are subject to a \$10 service charge **UNLESS THE PROGRAM HAS BEEN CANCELLED BY THE CITY.**

Memberships: Requests made on or after 50% of the membership has elapsed will be processed for medical reasons ONLY, must be accompanied by a doctor's note, and will only be processed for the time remaining on the membership. Requests for refunds are: subject to a \$10 service charge processed as of the date of notification; and cannot be backdated.

For further information please see the Refunds/Withdrawals Policy in the Leisure Guide.

Section 1 - Program/Membership Withdrawal Information:

Participant's Name:		Telephone Number:
Parent/Guardian:		Postal Code:
Address:		City/ Province:
Program Name/ Membership Type:		Program Code:
Reason for Withdrawal (please attach extra pages if needed):		

Please choose one of the following:

- Please leave the credit on account (pro-rated if necessary)** . If unused within 12 months a \$10 administration fee will be applied, and if the remaining credit is over \$10 a cheque will be issued.
- I would like to be refunded my payment** (Refund will be pro-rated if the program has started. A \$10 administration fee will be charged with this option **unless the program has been cancelled**).
- I am an employee. Please cancel my employee payroll deduction.

Signature: _____

Date: _____

Section 2: Payment Information (please specify original payment method):

Refunds are payable to main contact on account (Parent/Guardian) and can only be issued to the credit card used for the original payment. Refunds for debit and cash payments will be issued via cheque, and can only be sent to the main contact address on account. **DO NOT EMAIL CREDIT CARD INFORMATION. INSTEAD PLEASE CALL 613-546-4291 EXTENSIONS 1700 OR 1800.**

Cheque:

Debit:

Cash:

Credit Card:

Card Type:

Visa:

Mastercard:

American Express:

Card Number: _____

Expiry Date: _____

Section 3 – For Cashier Use Only

Request meets the requirements of the Refunds/Withdrawals Policy and is approved for the following:

Leave credit (pro-rated if service has started) on account

Refund credit (pro-rated if service has started) less \$10 Admin fee (unless cancelled program)

Refund does not meet the requirements of the Refund Policy and is to be forwarded to supervisor for review.

Section 4 – For Supervisor Use Only

Request Denied

Request (pro-rated if service has started) approved less \$10 administration fee

Comments:	
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Signature of Supervisor

Date

Please forward completed form and necessary backup to Justin Sharp (APAC) or Bryna Everson (INVISTA).