



# REFUND REQUEST FORM - PROGRAMS

## ADULT / PARENT / GUARDIAN INFORMATION

Last Name:		First Name:	
Address:			P.O. Box #
City:		Postal Code:	
Home Phone Number:		Cell Phone Number:	
Email Address:			

## PARTICIPANT # 1 INFORMATION

Last Name:		First Name:	
Program Name			Course Code

## PARTICIPANT # 2 INFORMATION

Last Name:		First Name:	
Program Name			Course Code

## REASON FOR WITHDRAWAL (REQUIRED)

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## REFUND POLICY

Refund Requests will be processed according to the criteria outlined below. Once approved, please allow 4-6 weeks for refund processing. Submission of a form does not guarantee that a refund will be issued, and non-attendance at a program does not constitute a notice of withdrawal. Refund requests will only be accepted by a completed Refund Request Form.

Cancellation Date	Refund Amount
Up to one week prior to program start date	80% Refund or 100% Gift Card
Up to 5-6 days prior to program start date	50% Refund or 80% Gift Card
Thursday after 4 p.m. prior to program start date	No Refund or Gift Card
Medical circumstances where a doctor's note is provided	100% Refund

**PLEASE NOTE:** Refunds can take 4-6 weeks to be processed.

Submit completed forms to the Township of King, Community Services Department:

- by email: [programs@king.ca](mailto:programs@king.ca)
- in person: Trisan Centre (25 Dillane Drive, Schomberg) or King Township Municipal Centre (2585 King Road, King City)

Please select one of the following options:  Refund my Credit Card  Refund by Cheque  Credit by Gift Card

Signature:	Date:
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## OFFICE USE ONLY

Date Received:	Issue _____ % refund (Total of \$ _____)
Date Processed:	Completed: <input type="checkbox"/>
Processed By:	