BLUEWATER RECREATION REFUND REQUEST FORM

APPLICANT INFORMATION

LAST NAME:_____ FIRST NAME:_____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____ **SIGNATURE:** _____

HOME PHONE #: _____ EMAIL ADDRESS: _____

PARTICIPANT INFORMATION

LAST NAME:_____ FIRST NAME:_____ BIRTH DATE: _____

COURSE INFORMATION

PROGRAM NAME:_____ PROGRAM CODE:_____ START DATE:_____ TIME: _____

REFUND INFORMATION

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 Municipal office during its hours of operation or Email to the attention of The Recreation Coordinator. 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 email: reccoordinator@municipalityofbluewater.ca or brought in person to Municipality Office at Township Offices at 14 Mill Ave, Zurich, ON N0M 2T0.

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 submitted and there is a medical reasoning.
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If a participant is withdrawn due to incompatibility….	You will receive a prorated refund for any classes remaining as of the date of the withdrawal.
If participant is withdrawing 5 days or more from the program (ex. Day Camp)….	You will receive a refund, minus the $10 administrative fee.
If participant is withdrawing four business days or less before the activity start date (ex. Day Camp)…	You will receive a 50% refund.

FOR OFFICE USE ONLY

Date Received:_____/_____/_____(d/m/y/)

Time Received: _____

Received By: _____

Full Refund: $ _____

Pro-rated Refund: $ _____

# of classes remaining: _____

Date Processed:_____/_____/_____(d/m/y)

Processed By:_____