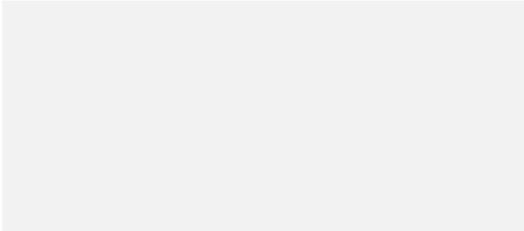




CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
 registration@welland.ca



CITY OF WELLAND ~ RECREATION & CULTURE DIVISION

2026 SUMMER DAY CAMP WITHDRAWAL REQUEST FORM

PARTICIPANT INFORMATION

Last Name:		First Name:	
Childs Name:		Phone:	
Current address:		City/Town:	
Postal Code:	Email Address:		

INSTRUCTIONS

All requests for credits/refunds must be submitted by completing this form. Requests will not be administrated by phone, fax or email. Non-attendance and/or notification to staff/instructor does not constitute notice of withdrawal/request. Submission does not guarantee that a credit or refund will be granted. Upon approval, refunds will be processed according to the date this form was received by our division, it will not be backdated.

Refund Guidelines

More than 30 days before the start of the registered camp week: Full refund for that week, minus a non-refundable \$10.00 administrative fee per week.

Between 15 and 30 days before the start of the registered camp week: Full refund for that week, minus a non-refundable \$78.00 administrative fee per week.

Less than 15 days before the start of the registered camp week: No refund will be issued for that week. Allow up to three weeks for processing. Refunds will be issued by cheque or, if paid by gift card, refunded to the gift card. Entitlements under \$10 will be credited to your account for future registrations. A customer service clerk will contact you about your request.

PROGRAM INFORMATION

PROGRAM:	MUNCHKIN	FUN FACTORY	KOOL KIDS
DATE	REASON		
WEEK:			
WEEK:			
WEEK:			

ADDITIONAL COMMENTS

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Parent/Guardian:	Date:
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OFFICE USE ONLY

STEP ONE

Total fee for week(s) requesting to be withdrawn:

Payment already processed? YES NO

Method of Payment? CASH CHEQUE P.D. CHEQUE CREDIT CARD

Postdated cheques on file? YES NO

STEP TWO

Postdated cheques to be returned? YES NO SHRED

Administration fee? YES NO; if no, reason:

Refund to be issued? YES NO; if no, reason:

Amount to be returned?

CSC:	Management/Coordinator:
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