

**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

TIME RECEIVED: _____ CLERK: _____

PROGRAM WITHDRAWAL REQUEST FORM**PARTICIPANT INFORMATION**

LAST NAME:

FIRST NAME:

CHILDS NAME (if applicable):

PHONE:

CURRENT ADDRESS:

CITY/TOWN:

POSTAL CODE:

EMAIL ADDRESS:

IMPORTANT INFORMATION

- Requests must be submitted by completing this form. One (1) form per program.
- Wellness passes are non-refundable, non-transferable.
- Requests will not be processed after the third (3) class of the program.
- 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.
- All refund requests are subject to an administration fee and if applicable, prorating of classes passed.
- All refunds will be processed by cheque; this includes cash, cheque, debit and credit card payments with the exception of a gift card. Gift card purchases will result in credit to account, or refund to gift card.
- All refund cheques will be mailed. Please allow 3 weeks for processing.
- Entitlements under \$10 will be held as an account credit for future registrations.

PROGRAM INFORMATION

PROGRAM:

DAY:

BARCODE:

PROGRAM SESSION:

FALL

WINTER

SPRING

SUMMER

REGISTRATION DATE:

PAID BY:

REQUESTING:

CREDIT

REFUND

REASON FOR WITHDRAWAL

COMMENTS:

ADDITIONAL REQUESTS:

SIGNATURE:

DATE:

OFFICE USE ONLY

OTHER OPTIONED REVIEWED AT TIME OF SUBMISSION *(if so what were they):*

COMMENTS:

TOTAL FEES:	\$	WITHDRAWN IN AN?	
ADMIN FEES:	\$	REFUND PRINTED?	
PRO-RATED FEE:	\$	FT CLERK INITIALS:	
TOTAL REFUND/CREDIT TO BE ISSUED:	\$	MANAGER INITIALS:	