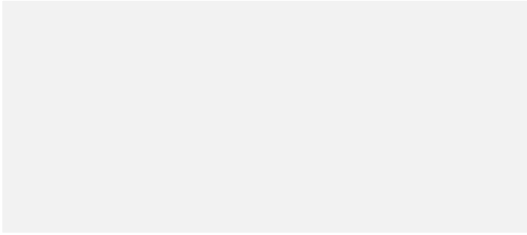




CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
 registration@welland.ca



CITY OF WELLAND ~ RECREATION & CULTURE DIVISION

SUMMER SPORTZ 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.

All withdrawal requests are subject to a \$73.85 administration fee.

A minimum of two weeks' notice prior to registered week is required for the withdrawal to be considered, administration fee(s) will apply. Please allow 3 weeks for processing. If refunds are granted they will be processed and returned in the mail via cheque. If payment was made with a gift card and is eligible for a refund it will be returned to a gift card. Entitlements under \$10 will be held as an account credit for future registrations. A full-time customer service clerk will be in contact with you regarding your request. Thank you for your cooperation!

PROGRAM INFORMATION

Participant Age:	7yrs-8yrs	9yrs-10yrs	11yrs - 12yrs
DATE	REASON		
WEEK:			
WEEK:			
WEEK:			

ADDITIONAL COMMENTS

Parent/Guardian:	Date:
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