

## SEVERN RECREATION REFUND REQUEST FORM

APPLICANT INFORMATION		
LAST NAME:	FIRST NAME:	
ADDRESS:		
CITY/TOWN: P	OSTAL CODE:	SIGNATURE:
HOME PHONE #: E	MAIL ADDRESS:	
PARTICIPANT INFORMATION		
LAST NAME:	FIRST NAME:	BIRTH DATE:
COURSE INFORMATION		
PROGRAM NAME:	PROGRAM CODE:	START DATE: TIME:
REFUND INFORMATION		
Refund Cheque Only		
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 Township offices during its hours of operation or faxed to the attention of The Recreation Co-ordinator. Refund request forms will be processed according to the criteria outlined below. Once approved, <b>please allow four to six weeks for refund processing</b> . 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 sent by fax: 705-327-5818, email: recreation@townshipofsevern.com or brought in person to  Township Offices at 1024 Hurlwood Lane or the Coldwater & District Community Centre.		
If we cancel/change program details whic prohibit someone from attending	h You will receive	a full refund
If we receive your Refund Request Form after the second day of the program		e issued unless Refund Request Form is accompanied te indicating that the participant cannot attend due to s.
If we cancel your program <b>due to low registration</b>	You may transfer receive a full cree	er to another program if space is available, or you will edit or refund.
If a participant is withdrawn <b>by an instructor</b> due to incompatibility	You will receive a date of the withd	a prorated refund for any classes remaining as of the Irawal.
Date Received:/ (d/m/y/)         Time Received:         Received By:         Image:	FOR OFFICE USE ONLY Full Refund: \$ Pro-rated Refund: \$ # of classes remaining:	