

# Refund/ Transfer Request Form



**NO REFUNDS WILL BE ISSUED AFTER THE START OF A PROGRAM.  
 TRANSFERS WILL ONLY BE PERMITTED BEFORE THE SECOND CLASS IF SPACE IS AVAILABLE.  
 Please read our refund policy on reverse before signing.**

**Please print information**

Date: \_\_\_/\_\_\_/20\_\_\_      Participants Name: \_\_\_\_\_  
First & Last Name

Parent/Guardian Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_      Home Phone #: \_\_\_\_\_  
 \_\_\_\_\_      Business Phone #: \_\_\_\_\_  
 \_\_\_\_\_      Email Address: \_\_\_\_\_

**Current Registered Course Info:**

Course Name: \_\_\_\_\_      Course Location: \_\_\_\_\_  
 Course Barcode #: \_\_\_\_\_      Start Day: \_\_\_/\_\_\_/200\_\_\_      Course Time: \_\_\_/\_\_\_

**Please note there is a \$15.00 transfer/withdrawal fee per person per course**

**Transfer to course:**

Course Name: \_\_\_\_\_      Course Location: \_\_\_\_\_  
 Course Barcode #: \_\_\_\_\_      Start Day: \_\_\_/\_\_\_/200\_\_\_      Course Time: \_\_\_/\_\_\_

**Please indicate by a (X) whether you would like a refund or a credit on your family account:**

Approval for both credit on a Class Family Account and a refund requires approval from the correct programmer or supervisor. Please note that refunds or credits will be prorated as of the date this request was received.

- Credit my Family Account**, to be used for future registration (**\$15.00 charge**)
- Refund by Cheque or to Credit Card**

**(\$15.00 withdraw + \$25.00 refund charge = \$40.00)**

Charges will not stand for those people who have attached a Doctor's note stating the participant's inability to attend the course.

**Please (X) the description(s) that best explains why you are withdrawing/transferring from the course:**

- Medical Reason (please attach a copy of Doctor's note)
  - Program content not what was expected
  - Instructional quality
  - Issue with the facility
  - Other (please explain) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Client Signature: \_\_\_\_\_  
 By signing this you have read, understood, and agreed with the Town of Newmarket refund policy

**FOR OFFICE USE ONLY**

Staff Name (taking request): \_\_\_\_\_      Date: \_\_\_/\_\_\_/\_\_\_

Forward to: \_\_\_\_\_ (Program/Aquatic Supervisor)

Supervisor's Signature: \_\_\_\_\_      Date: \_\_\_/\_\_\_/\_\_\_

Full Refund: \_\_\_\_\_ or Refund: \_\_\_\_\_ (# of classes)