

MEMBERSHIP REFUND REQUEST FORM

ADULT / PARENT / GUARDIAN INFORMATION

Last Name:		First Name:	
Address:			P.O. Box #
City:		Postal Code:	
Home Phone Number:		Cell Phone Number:	
Email Address:			

PARTICIPANT & MEMBERSHIP / TRAINING INFORMATION

Last Name:		First Name:	
MEMBERSHIP / TRAINING TYPE			
UNLIMITED	<input type="checkbox"/> Yearly	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 1 Month
GYM ONLY	<input type="checkbox"/> Yearly		
TRACK ONLY	<input type="checkbox"/> Yearly	<input type="checkbox"/> 3 Months	
OTHER (Specify Service)			

REASON FOR WITHDRAWAL (REQUIRED)

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REFUND POLICY

Refund Requests will be processed according to the criteria outlined below. Once approved, please allow 4-6 weeks for refund processing. Submission of a form does not guarantee that a refund will be issued, and non-attendance does not constitute a notice of withdrawal. Refund requests will only be accepted by a completed Refund Request Form.

20% administrative fee will be charged on the remaining balance for cancellation of a membership.
Membership transfers are permitted for remaining balance, no fee charged.
Members will be permitted to place memberships on hold for a maximum of 3 months for medical reasons or extenuating circumstances.
Memberships on a payment plan are eligible to be cancelled but are not eligible for a refund.

PLEASE NOTE: Refunds can take 4-6 weeks to be processed.

Submit completed forms to the Township of King, Community Services Department:

- by email: fitness@king.ca
- in person: Trisan Centre (25 Dillane Drive, Schomberg) or King Township Municipal Centre (2585 King Road, King City)

Please select one of the following options: Refund my Credit Card Refund by Cheque Credit by Gift Card

Signature:	Date:
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OFFICE USE ONLY

Date Received:	Issue _____ % refund (Total of \$ _____)
Date Processed:	Completed: <input type="checkbox"/>
Processed By:	