KING

REFUND / TRANSFER REQUEST FORM - PROGRAMS

ADULT / PARENT / GUARDIAN INFORMATION	
Last Name:	**First Name:**
Address:	**P.O. Box #**
City:	**Postal Code:**
Home Phone Number:	**Cell Phone Number:**
Email Address:	

PROGRAM INFORMATION

Please select one: Refund ☐   Transfer ☐

WITHDRAW FROM COURSE				TRANSFER INTO COURSE	
Participant Name	**Program Name**	**Code**		**Program Name**	**Code**
			>		
			>		
			>		

REASON FOR WITHDRAWAL / TRANSFER (REQUIRED)

_____
_____
_____

REFUND / TRANSFER 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 or transfer will be issued, and non-attendance at a program does not constitute a notice of withdrawal. Refund requests will only be accepted by a completed Refund / Transfer Request Form.

Cancellation Date	Refund Amount
7+ days prior to start of program	80% Refund or 100% Gift Card
5 or 6 days prior to start of program	50% Refund or 80% Gift Card
4 days or less prior to the start of program	No Refund or Gift Card
Medical circumstances where a doctor's note is provided	100% Refund

Requests for changes and transfers will only be considered with a completed refund / transfer form and will only be **accepted three (3) business days prior to the start of the program**. Changes and transfers are conditional on class and space availability in the program. Difference in programming price will need to be paid prior to program start date.

Submit completed forms to the Township of King, Community Services Department:
    a.   by email: programs@king.ca **or** swim@king.ca (for Aquatic & Leadership programs)
    b.   in person: Trisan Centre (25 Dillane Drive, Schomberg)
                 King Township Municipal Centre (2585 King Road, King City)
                 Zancor Centre (1600 15th Sideroad, King City)

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

Signature:	**Date:**

OFFICE USE ONLY	
Date Received:	**Issue _____ % refund (Total of $ _____)**
Date Processed:	**Completed:** ☐
Processed By:	