



Township of King Refund/Transfer Request Form: CAMPS

OFFICE USE ONLY:

Date Received (DD/MM/YY): ____/____/____ Time Received: _____ A.M / P.M
 Received By: _____

PARENT/GUARDIAN/ADULT INFORMATION

Last Name: _____ First Name: _____
 Address: _____ City & Postal Code: _____
 Phone Number: _____ Email: _____

PARTICIPANT & CAMP INFORMATION

Participant #1 (First and Last Name): _____
 Camp Name: _____ Course Code(s): _____
 Participant #2 (First and Last Name): _____
 Camp Name: _____ Course Code(s): _____

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 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
Up to one week prior to camp start date	80% Refund or 100% Gift Card
Up to 5-6 days prior to camp start date	50% Refund or 80% Gift Card
Thursday after 4p.m. prior to weekly camp registration	No Refund or Gift Card
Medical circumstances where a Doctor's note is provided	100% Refund
Transfers up to 3 business days prior to camp start date	

Requests for changes and transfers will only be considered with a completed refund/transfer form and will only be accepted three business days prior to the start of the program. Changes and transfers are conditional on class and space availability in the program. Loss of early bird discount will be applied to transfers and difference in programming price will need to be paid prior to program start date.

Signature: _____ **Date:** _____

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

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

OFFICE USE ONLY: Issue ____% refund (Total of \$_____)

COMPLETED: **INITIALS:** _____