

REFUND / TRANSFER REQUEST FORM - CAMPS

ADULT / PARENT / GUARDIAN INFORMATION

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

PARTICIPANT INFORMATION

Last Name:	First Name:
Birth Date (DD/MM/YYYY):	

CAMP INFORMATION

Please select one:

Refund Transfer

WITHDRAW FROM COURSE:			TRANSFER INTO COURSE:	
Camp Name	Camp Code		Camp Name	Camp 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
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 12 p.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. 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: camps@king.ca
- b. 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:	