



Township of King Refund Request Form: Programs

FOR 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 (REQUIRED)

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 a non-attendance at a program does not constitute a notice of withdrawal. Refund requests will only be accepted by a completed Refund Request Form.

Cancellation Date	Refund amount
Up to one week prior to program start date	80% Refund or 100% Gift Card
Up to 5-6 days prior to program start date	50% Refund or 80% Gift Card
Thursday after 4p.m. prior to program start date	No Refund or Gift Card
Medical circumstances where a Doctor's note is provided	100% Refund

Signature: _____ Date: _____

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

If you are NOT getting an in-person refund and are requesting a refund by Credit Card, you MUST have your financial information saved in your account on PerfectMind to receive your refund:

www.townshipofking.perfectmind.com

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:** _____