

**CITY OF WELLAND****Recreation & Culture Division**

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CITY OF WELLAND ~ RECREATION & CULTURE DIVISION**2026 SUMMER SPORTZ CAMP WITHDRAWAL REQUEST FORM****PARTICIPANT INFORMATION**

Last Name:

First Name:

Childs Name:

Phone:

Current address:

City/Town:

Postal Code:

Email Address:

INSTRUCTIONS

All requests for credits/refunds must be submitted by completing this form. Requests will not be administrated by phone, fax or email. Non-attendance and/or notification to staff/instructor does not constitute notice of withdrawal/request. Submission does not guarantee that a credit or refund will be granted. Upon approval, refunds will be processed according to the date this form was received by our division, it will not be backdated.

Refund Guidelines

More than 30 days before the start of the registered camp week: Full refund for that week, minus a non-refundable \$10.00 administrative fee per week.

Between 15 and 30 days before the start of the registered camp week: Full refund for that week, minus a non-refundable \$78.00 administrative fee per week.

Less than 15 days before the start of the registered camp week: No refund will be issued for that week.

Allow up to three weeks for processing. Refunds will be issued by cheque or, if paid by gift card, refunded to the gift card. Entitlements under \$10 will be credited to your account for future registrations. A customer service clerk will contact you about your request.

PROGRAM INFORMATION

Participant Age:

7yrs-8yrs

9yrs-10yrs

11yrs - 12yrs

DATE**REASON**

WEEK:

WEEK:

WEEK:

ADDITIONAL COMMENTS

Parent/Guardian:

Date:

OFFICE USE ONLY**STEP ONE**

Total fee for week(s) requesting to be withdrawn:

Payment already processed? YES NO

Method of Payment? CASH CHEQUE P.D. CHEQUE CREDIT CARD

Postdated cheques on file? YES NO

STEP TWO

Postdated cheques to be returned? YES NO SHRED

Administration fee? YES NO; if no, reason:

Refund to be issued? YES NO; if no, reason:

Amount to be returned?

CSC: Management/Coordinator: