



Ajax Skating Club
 75 Bayly Street West
 P.O. Box 14514
 Ajax, Ontario
 L1S 7K0
 905-683-1753

www.ajaxskatingclub.ca
ajaxskatingclub@hotmail.com

Refund Request Form

Please print all details clearly. Please see ASC website or bulletin boards for our Refund Policy. Please deliver Refund Requests to the ASC office located at the Ajax Community Centre, 2nd floor.

Skater's Name: _____ Phone: _____

Parent's Name: _____ Email: _____

Address: _____

Refund requested for:

Session Day <i>(eg. Saturday)</i>	Program <i>(eg. CanSkate)</i>	Time <i>(eg. 10:10 am)</i>	Last Day Skated <i>(eg. October 11th)</i>

Copy of original registration form attached: YES ? NO ?

Copy of original receipt attached: YES ? NO ?

Reason for refund request:

Is the refund due to an illness or injury? YES ? NO ?

If injured, did the injury occur during an ASC skating session? YES ? NO ?

If yes, was an Incident/Accident report completed? YES ? NO ?

Please note: All refund requests for medical reasons **must** be accompanied by a doctor's note.

If your reason to request a refund is not medical, please give all information below. Be as detailed as possible. Please use the back of the page if necessary.

 Parent's/Guardian's Signature Date

ASC Office Use Only:
 Processed By: _____ Date: _____

Board Approved: YES ? NO ?

Refund Issued by: _____ Date: _____ Cheque #: _____

Refund Calculation: Pro-Rated Fee _____ Skate Canada Fee _____ Admin. Fee _____