



Ajax Skating Club
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office@ajaxskatingclub.ca

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 #: _____

Total Registration Fees: _____ Fees Paid to Date: _____

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

Total Refund Amount to be Paid: _____