



Refund Request Form Recreation Programs

Refunds for recreation programs are granted when participants meet the criteria outlined in the Recreation & Cultures Services Refund Policy as outlined in the activeOshawa Guide.

Please check the box that applies to your request:

- I am withdrawing before the program’s start date
- I am withdrawing before the 2nd class of the program
- I am withdrawing because of medical reasons (Please attach a Doctor’s note, as the refund will only be processed as of the day the form and the note are received.)

Requests that do not fall into one of the categories above are **not eligible** for a program refund.

All requests for the refunds/credits must be completed on this form and returned to the Arts Resource Centre, Civic Recreation Complex, Delpark Homes Centre formerly Legends Centre, Donevan Recreation Complex, Northview Community Centre or South Oshawa Community Centre.

Section 1: Program Withdrawal Information

Main Contact	Program Name	
Participant Name	Program Code	Program Location
Address	Program Day	Program Time
Telephone Number	Original Method of Payment	
Reason for Withdrawal		

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for processing refunds relating to withdrawal from a registered class at any of the City's recreation centres. Questions concerning collection of personal information should be directed to the City of Oshawa’s Freedom of Information and Privacy Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or by phone at 905-436 3311.

Please choose one of the following options:

- I would like to leave my payment on account, to be credited towards future registrations
- I would like to be refunded my payment for this course (An \$11.00 administration fee will be charged with this option.)

Signature	Date
-----------	------

Section 2: For Office Use Only (to be completed by Program Staff)

<input type="checkbox"/> Request Denied	Reason:	
<input type="checkbox"/> Full refund approved	Total Program Fee	\$
<input type="checkbox"/> Pro-rated fee approved	Pro-Rate Fee	\$
<input type="checkbox"/> Request approved less \$11.00 fee	Total Refund to be issued	\$
<input type="checkbox"/> Leaving Credit on Account	Credit Amount	\$

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for processing refunds relating to withdrawal from a registered class at any of the City's recreation centres. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Co-ordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or by phone at 905-436 3311.