



Campus Recreation & Wellness Centre  
2000 Simcoe St. N., Oshawa, ON  
L1H 7K4

## Refund Request Form

Please submit completed form to the front desk at the Campus Recreation & Wellness Centre or fax to 905.721.3374. All refund requests must be completed on this form . *NOTE: Refund requests made after the start date of the program must be accompanied by a doctor's note.*

Please submit your original receipt with this form.

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**Please print neatly and complete all fields:**

Participant's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Code: \_\_\_\_\_

Program Location: \_\_\_\_\_

Reason for Withdrawal:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Request declined \_\_\_\_\_

Request for full refund approved  
Refund amount: \_\_\_\_\_ Account Code: \_\_\_\_\_

Request approved less \$15 administration fee  
Refund amount: \_\_\_\_\_ Account Code: \_\_\_\_\_

Request for partial refund approved:  
Refund amount: \_\_\_\_\_ Account Code: \_\_\_\_\_

Signature of Director of Athletics: \_\_\_\_\_ Date: \_\_\_\_\_

