



**Crowchild
Skating Club**

Refund Request Form

Please refer to the *Crowchild Skating Club Cancellation and Refund Policy* for more information. Submit Refund Requests to Crowchild Skating Club by email to info@crowchildskatingclub.ca.

Skater's Name: _____

Parent's Name: _____ **Phone:** _____

Email: _____

Address: _____

Refund requested for:

Session Day (ex. Tuesday)	Program (ex. CanSkate)	Time (ex. 10:10am)	Last Day Skated (ex. October 3)

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 a CSC skating session? If yes, was an Incident/Accident report completed? Yes No

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

If your reason to request a refund is not medical, please provide information below. Be as detailed as possible. Please attach additional pages if necessary.

Parent's/Guardian's Signature: _____

Date: _____