

## Customer Refund Request Form

Bill to Member #: \_\_\_\_\_ Member Name: \_\_\_\_\_

Cheque Payable to (Must be listed on the account): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cheque will be (select one):

Picked Up OR Mailed (ensure current mailing address is provided)

Reason for Refund Request: (Please check one)

Moving - New Mailing Address: \_\_\_\_\_

Illness-Provide Documentation (Doctors Note)

Class/Course Cancelled by Regional Recreation Corporation of Wood Buffalo

Other – Please Specify: \_\_\_\_\_

Event/Function Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date Requested: \_\_\_\_\_

*\*No refunds will be granted within 48 hours of Class/Course unless approved by Program Supervisor or Manager.*

**Office Use Only**

Requested by (print name): \_\_\_\_\_

Refund Amount: \_\_\_\_\_ Less Admin Fee: \_\_\_\_\_ Total Refund: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

Manager's Approval: Printed Name: \_\_\_\_\_

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

**Accounting Use Only**

Total Amount Refunded: \_\_\_\_\_

To Be Referenced on Cheque: \_\_\_\_\_

Completed by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_