



## 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](mailto:info@crowchildskatingclub.ca) or by mail to 185 Scenic Acres Drive NW, Calgary, Alberta T3L 1L4.

**Skater's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Parent's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Refund requested for:**

Session Day (e.g., Tuesday)	Program (e.g., CanSkate)	Time (e.g., 11:30am)	Last day skated (e.g., October 11)

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?  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 *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.

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**Parent's/Guardian's Signature**

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**Date**