Niagara on the Lake Skating Club PO Box 136 Virgil, ON, L0S 1J0

www.notlskatingclub.com skatenotl@outlook.com

Refund Request Form

Please print all details clearly. Please see NOTL SC website for our Refund Policy. Please email refund requests to the Director of Skating Programs via skatenotl@outlook.com.

| Skater's Name: | | | |
|--|------------------------------|---|------------------------------------|
| Parent's Name: | | | |
| Address: | | | |
| Telephone: | | | |
| Email: | | | |
| Refund Requested For: | | | |
| Program (eg.CanSkate) | Session Day (eg.Saturday) | Session Time (eg. 3:40-4:20pm) | Last Day Skated (eg. October 14th) |
| | | | |
| Reason for Refund Requ | uest: | | |
| Is the refund due to an illr | ness or injury? | Yes □ | No□ |
| If injured, did the injury oc | cur during an NOTL SC s | skating session? Yes □ | No 🗆 |
| If yes, was an Incident/Ac *Please note: All refund | | Yes □ sons <u>must</u> be accompanie | No □ ed by a doctor's note. |
| If your reason to request a possible. Please use the | | lease give all information l ssary. | pelow. Be as detailed as |
| | | | |
| | | | |
| | | | |
| | | | |
| Parent's/Guardian's | s Signature | | Date |