



# BEACHES SANDBOX COURSE WITHDRAWAL AND/OR REFUND REQUEST FORM

## Participant Information

Participant Name:		
Parent or Guardian Name (if participant is under 18):		Contact Phone Number and Email:
Address		
City:	Province:	Postal Code:

## Request Details

Date of Withdrawal:	Class, Workshop or Event Requesting Withdrawal/ Refund From:
---------------------	--

*Provide detailed information for the following four sections below.*

<p>1. This request is for:</p> <p>Withdrawal</p> <p>Refund</p> <p>Withdrawal &amp; Refund</p>	<p>2. I have read and understood the terms and conditions of the refund policy:</p> <p>Yes</p> <p>No</p>	<p>3. Reason for withdrawal/ refund:</p> <p>Medical</p> <p>Moving/ Moved</p> <p>Not Satisfied with Course</p> <p>Not Satisfied with Instructor</p> <p>Scheduling Conflict</p>
---	--	---

4. Additional Comments or Concerns:
-------------------------------------

The applicant certifies the information provided on this application is accurate and complete.

Applicant Signature:	Signature Date:
----------------------	-----------------