CS - A	Application 1	for Refund	d, Credit,	Transfer	or
Family	/ Discount				

Community Services

ST. J@HN'S

recreation@stjohns.ca.

Application for Refund, Credit, Transfer or Family Discount

Contact Information				SE	CTION 2
Participant	Mair	Contact			
Address			Postal Code		
Phone Number (Home)	(Woı	rk)	(Cell)_		
Email Address					
Program or Activity		Receipt Att	ached:	Yes	No
Program Start Date		Program End Date			
Medical Note Attached, if applicable:	Yes	No			
Reason for Request					
Please indicate type of request: (Please guarantee a refund/credit/transfer/famil Refund - (Cash and cheque sale and debit card sales will be refur Credit to your Recreation Accounts	y discount.) es are refunde nded back to s	d via cheque refund same card. Allow 1-2	. Allow 4- ? weeks.)	-6 weeks.	·
Family Discount - (20% for third programs)	or more childr	en registered in san	ne week i	in applical	ble
Withdraw – After School Prograr upcoming month).	n (must be su	bmitted 1 month pric	or to the f	first day o	f the
Transfer from course noted above	/e into:				
Program Name		Cou	rse #		
Start Date		_ Location			
Customer's Signature		Date (yyyy-mm-dd)			
Privacy Notice				SEC	TION 2
Collection of personal information via the Protection of Privacy Act, 2015 and is read use of the information may be direct	equired to pro	cess this form. Ques	stions ab	out the co	llection

ST. J@HN'S

CS – Application for Refund, Credit, Trans	Community Services		
For Office Use Only		SECTION 3	
Form Received by (staff name)	Title		
Signature	Date (yyyy-mm-dd)		
Policy		SECTION 4	

Please be aware of the following guidelines:

- 1. Applications must be submitted fourteen (14) days prior to the start date of the program or facility rental, except for the After School Program which must be submitted one month prior to the first day of the upcoming month.
- 2. Transfers may be considered if time and/or space permit in the requested program.
- 3. Telephone or general email requests for refunds are not accepted. An application must be completed and submitted.
- 4. Applications for medical reasons must be submitted prior to the program end date and must include a medical note.
- 5. Applications for a Family Discount must be submitted prior to the program end date.
- 6. Refunds or credits will not be issued for lost or stolen passes.
- 7. Refunds or credits will not be issued for individual classes missed due to illness even if a medical note is attached.
- 8. Refunds for payments by cash or cheque will be refunded by cheque only. Allow 4-6 weeks.
- 9. Refunds for payments by credit and debit card will be refunded back to the same card. Allow 1-2 weeks.
- 10. A credit on your Recreation Account is valid for one (1) calendar year. After this period, the credit will be removed.
- 11. A \$50 non-refundable deposit (per child, per week) will be deducted for all day camp refund requests.
- 12. A \$100 non-refundable deposit (per child) will be deducted for all after school program refund requests.
- 13. Please include a copy of your receipt and/or rental agreement with your request.

Please send completed

Recreation Division

For further information:

form to:

P.O. Box 908, 10 New Gower Street

Phone: 576-8631/576-8499

St. John's, NL A1C 5M2

Email: recreation@stjohns.ca

Locations: Paul Reynolds Community Centre, 35 Carrick Drive

H.G.R. Mews Community Centre, 40 Mundy Pond Road

