

Leisure Services Registration Form

YOUR NAME: _____

Address: _____

Postal Code: _____ Date of Birth: _____
day/month/year

Phone: (home) _____ (work) _____

Email Address: _____

Program Title: _____

Facility _____ Program Fee: \$ _____

Program Code: _____
1st Choice 2nd Choice 3rd Choice

Participant's Name: _____

Family Members to be Registered

Name: _____ M F Date of Birth: _____

Name: _____ M F Date of Birth: _____

Name: _____ M F Date of Birth: _____

Name: _____ M F Date of Birth: _____

Name: _____ M F Date of Birth: _____

Program Title: _____

Facility _____ Program Fee: \$ _____

Program Code: _____
1st Choice 2nd Choice 3rd Choice

Participant's Name: _____

Payment

Cheque Visa MasterCard

Credit Card #: _____

Expiry Date: _____ Amount: \$ _____

Cardholder's Name: _____

Signature: _____

Program Title: _____

Facility _____ Program Fee: \$ _____

Program Code: _____
1st Choice 2nd Choice 3rd Choice

Participant's Name: _____

Refunds

All classes are subject to minimum and maximum enrollments. If minimum enrollment is not received the class will be cancelled and a full refund issued. Other refund instances:

- Full refund if cancellation is received 7 days prior to course start.
- 50% refund if cancellation is received less than 7 days prior to course start; full refund if your vacated spot is filled by another registrant before course starts.
- 50% refund if cancellation is received after course has started, but no more than 20% completed.
- Prorated refund for cancellations at any time due to medical reasons (certificate required).

Program Title: _____

Facility _____ Program Fee: \$ _____

Program Code: _____
1st Choice 2nd Choice 3rd Choice

Participant's Name: _____

Program Title: _____

Facility _____ Program Fee: \$ _____

Program Code: _____
1st Choice 2nd Choice 3rd Choice

Participant's Name: _____