



PROGRAM WITHDRAWAL / TRANSFER REQUEST FORM

Please submit completed requests in writing to: recreation@tuscanyclub.ca

Participant Name: _____

Parent/Guardian (if applicable): _____

Phone: _____ Email: _____

Program Name: _____

Program #: _____ Start Date: _____

REQUEST: ☐ WITHDRAWAL ☐ TRANSFER TO ANOTHER PROGRAM *Transfers is subject to space availability.*

Requested program/program # (for transfers): _____

REASON FOR REQUEST: ☐ Schedule Conflict ☐ Change of Plans ☐ Medical ☐ Other: _____

REFUND PREFERENCE: ☐ TRA Household Account Credit ☐ Refund by Cheque *Refunds of \$25 or less will only be credited to the household TRA account.*

WITHDRAWAL / TRANSFER POLICY

- **14 days or more before the program starts:** Full refund by cheque or account credit, less a **\$15 administration fee**.
- **Less than 14 days before the program starts:** **25% program fee** plus a **\$15 administration fee**.
- **After two classes:** Refunds are available for **medical reasons only**. A doctor's note may be required. Refunds are prorated and the **\$15 administration fee** applies.
- Failure to attend a class does not cancel enrollment and is **not eligible for a refund**.
- Refunds are not provided for missed rescheduled make-up classes for seasonal/outdoor programs.
- **NSF cheques:** An additional **\$25 fee** applies.
- All transfers are subject to program availability.

TRA PROGRAM CANCELLATION

TRA may cancel a program due to **low registration or instructor availability**. Registered participants will be notified by phone or email **no later than two (2) days before the start of the class**.

If TRA cancels a program, participants may choose to:

1. Transfer to another available program;
2. Receive a credit to their household TRA account; or
3. Receive a full refund by cheque, available for pickup within **2-4 weeks** after cancellation.

DECLARATION

I confirm that the information provided is accurate and that I have read and understand the TRA Program Withdrawal/Transfer Policy.

Name: _____ **Date:** _____

Signature: _____