



NIAGARA-ON-THE-LAKE SKATING CLUB

CANSkate • STARSkate • COMPETITIVESkate



Skate
Ontario

Niagara on the Lake Skating Club

PO Box 136

Virgil, ON, L0S 1J0

www.notl skatingclub.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 Registrar via skatenotl_registrar@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 14 th)

Reason for Refund Request:

Is the refund due to an illness or injury? Yes ☐ No ☐

If injured, did the injury occur during an NOTL SC skating session? Yes ☐ No ☐

If yes, was an Incident/Accident report completed? Yes ☐ No ☐

***Please note:** All refund requests for medical reasons **must** be accompanied by a doctor's note.

If your reason to request a refund is not medical, please give all information below. Be as detailed as possible. Please use the back of the page if necessary.

Parent's/Guardian's Signature

Date