

**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.notlskatingclub.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