

CBN Skating Club
P.O. Box 869, Bay Roberts, NL, A0A 1G0
Refund Request Form

Date Refund Requested: _____
Skater's name: _____
Skater's Mailing address: _____
Sessions to be refunded: _____
Refund Requested by: _____
Reason for Refund: _____

Mail Refund

Pick Up Refund

Signature: _____

- *Refunds will be granted according to our refund policy**
- *Refunds will be made payable to original Payor**
- *Refunds requested before Christmas will be processed by Dec 31.**

Office Use Only

Refund Amount: _____	Approved by: _____
Cheque #: _____	Date: _____

Notes: