



COACHING CLINIC REGISTRATION REFUND

Date: Tuesday, January 9, 2018

Payable to: Name: _____
 Address: _____
 City: _____ Province: _____
 Postal Code: _____ Phone Number: () - _____
 Email: _____

Order Number: _____ will pick up mail

(\$35 service charge per refund)

****Please note: no refund will be given 7 days prior to the course start date**

explanation: _____

Registration fee paid by:

Visa MasterCard American Express Debit/Cash

Please note: if you paid by Visa or MasterCard, your refund will be processed to that method of payment. All others will be issued via Club cheque.

CREDIT CARD#		EXPIRY DATE		CVV (LAST 3 DIGITS ON THE BACK OF SIGNATURE PANEL)	
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FOR OFFICE USE ONLY...

CHQ # _____ DATE _____ APPROVED BY _____

VISA/MC/AMEX _____ DATE _____ APPROVED BY _____

Refund Received:	<input type="checkbox"/>	
Deleted from Registration System :	<input type="checkbox"/>	
Deleted from E2E:	<input type="checkbox"/>	
Mailed Cheque:	<input type="checkbox"/>	
Signature (cheque picked up)		