



Canton Leisure Services Camp Withdrawal/Transfer Form

****Please read our Policies below prior to filling out this form****

Withdrawal Policy

Participants wishing to withdraw/transfer from a camp must complete the this form and submit it to the Summit Front Desk at least fourteen (14) days prior to the start of the week or day you are requesting. **Requests submitted less than fourteen (14) days will not be considered.**

- **If approved, participant will receive a Leisure Services Credit on Account** which may be used for Leisure Services classes, programs and memberships (excludes Village Theater shows, Pheasant Run and Softball Leagues).
- **No cash or credit card refunds will be issued, unless camp is cancelled by Leisure Services.**
- Deposits (i.e. Camp Canton, Camp Leisure Club, Camp A.B.L.E.) will not be refunded, regardless if refund for the camp is approved.
- Participants requesting to transfer from one date to another must comply with the Withdrawal Policy and then request to be enrolled in the new class, if space is available (may also require Supervisor approval).
- Requests for a refund due to medical reasons will be considered at any time if accompanied with a doctor's note.
- Leisure Services reserves the right to modify this policy.

Camp Canton- \$30.00 Cancellation Fee Per Week
 Camp Leisure Club & Camp A.B.L.E.- \$15.00
 Cancellation Fee Per Day

***I have read and understand the Satisfaction/Withdrawal Policy (signature):** _____

Participant Name: _____ Date: _____

Parent/Guardian Name (if participant is a minor): _____

Home Phone: _____ Cell/Work Phone: _____

Email Address: _____

Address: _____ City: _____ Zip: _____

Name of Camp: _____

Day or Week of requested refund: _____

Please explain why you are requesting a Program Withdrawal from camp:

I understand that by checking this box, I am certifying that this is my signature, and that I have read and hereby agree to the above Terms of Acceptance. Yes No

Office Use Only

Date Received: _____ **Received by:** _____ **Approved / Denied (Circle) Amount Approved:** _____
 Completed by Front Desk Staff

Date Received: _____ **Received by:** _____ **Date Credit put on Account, if Approved:** _____
 Completed by Program Supervisor

If denied, list reason: _____