



CICS Youth Services, Camp Withdraw, Refund Request

Account Information

First Name		Last Name	
Street Number	Street Name		
Suite/Unit Number	City	Province Ontario	Postal Code
Telephone Number	Mobile Number	Email	

Participant Information (1)

First Name	Last Name
Program Name	Request Date (yyyy-mm-dd)

Participant Information (2)

First Name	Last Name
Program Name	Request Date (yyyy-mm-dd)

Participant Information (3)

First Name	Last Name
Program Name	Request Date (yyyy-mm-dd)

Reason for Withdrawal, Refund and/or Credit (check one)

- Medical (Doctor's note required)
 Moved
 Schedule conflict
- Others: _____

Refund or credit (check one)

- Please issue me a refund. One administrative fee per person, per program. Refund will be made to the original credit card used for payment.
- Please issue me a refund. One administrative fee per person, per program. Refund will be credited to my registration account for future CICS program registration.