



## Canton Leisure Services

### Class or Program Satisfaction/Withdrawal Form

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

#### Satisfaction Policy

Canton Leisure Services is committed to providing the highest quality classes, programs and events for the Canton Community. If, after attending a class or program, you are not satisfied with the level of service and/or quality of program, you may complete this form. All requests must be made within seven (7) days after the completion of the class or program.

#### Withdrawal Policy

Participants wishing to withdraw/transfer from a class or program must complete this form and submit it to the Summit Front Desk at least seven (7) days prior to the start of the program or event. **Requests submitted less than seven (7) 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 class or program is cancelled by Leisure Services.**
- Deposits (i.e. Camp Canton, Trips) will not be refunded, regardless if refund for the class or program 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 and to exclude classes and programs from it at any time.

**\*I have read and understand the Satisfaction/Withdrawal Policy:** \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Class/Program: \_\_\_\_\_ Activity Code: \_\_\_\_\_

**I am requesting Leisure Services Credit on Account for (select one):**

- Program Withdrawal       Program Satisfaction

**Please explain why you are requesting a Program Withdrawal or were not satisfied with a program or class:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 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: \_\_\_\_\_