**EMAIL ADDRESS:**

**DATE OF REFUND REQUEST:**

**MEMBER ACCOUNT NAME:**

**SKATER’S NAME:**

**INVOICE NUMBER:**

**LAST DAY SKATED (IF APPLICABLE):**

**EXPECTED DATE OF RETURN (IF APPLICABLE):**

**DETAILS OF REQUEST INCLUDING IF A CREDIT NOTE OR A CREDIT CARD REFUND IS BEING REQUESTED (SEE REFUND POLICY FOR RELATED DETAILS):**

**See refund policy for related details. For questions and for the refund request submission email** **office@skatesaskatoon.com****. If the request is injury related include medical documentation with the refund request submission. Refund requests should be processed within two weeks of submission.**