

## REENA CANCELLATION & WITHDRAWAL INFORMATION

Reason	Notes	You Receive....
<b>Program Cancellation:</b> Reena may cancel a program/camp due to low enrolment or unforeseen circumstances.	Every effort is made to accommodate the participants in another program/camp, but if not possible, a refund will be issued.	- a full credit or refund - no administration fees
<b>Medical:</b> A medical certificate (Dr's Note) is required.	Request must be made BEFORE mid-way point of the program/camp.	- a pro-rated refund, less administration fees of \$35.
<b>Program Withdrawal</b> 2 Weeks BEFORE Program Start; 4 Weeks BEFORE Camp Start.	Requests must be made a minimum of 2 Weeks notice before program start date. Camps require 4 weeks notice before the start date.	- a full refund less Administration fees of \$35
<b>Program Withdrawal</b> Without required notice before Program or Camp Starts.	Reena receives notification of withdrawal with less than 2 Weeks notice before program start date; Less than 4 weeks for camps	- a 50% refund, less administration fees of \$35.
<b>Program Withdrawal</b> After Program or Camp Starts.	Once a program/camp has started with no attendance, a request for refund will not be accepted.	- SORRY, no refund.

*Participants wishing a refund must notify the Reena office in writing.* Non-attendance does not constitute notice of withdrawal. Receipts issued, must be returned to be eligible for the appropriate refund.

**Missed Classes:** In the event that a participant is unable to attend a class(es), Reena regrets that make-up class(es), refunds or credits cannot be offered.

**Payment:** Full payment of program fees must be made at the time of registration, Mastercard, Visa are acceptable methods of payment for all programs/camps. Participants/Campers will not be admitted to attend unless all fees are paid.

**Waiver of Liability:** Reena shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by a registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the Occupiers' Liability Act and/or breach of contract on the part of Reena.

## Payment Information:

Name: \_\_\_\_\_

Re: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Program: \_\_\_\_\_ Accounting Code: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_

**1. Pay in Full Today**

**2. Cash Payment**

**3. By Cheque Payments Only:**

I have included \_\_\_\_\_ post-dated cheque(s) in the amount of \$ \_\_\_\_\_ each.  
(Maximum 3)

*Please note that the last post-dated cheque must be dated for no less than 2 weeks prior to the start date of the program/camp. All NSF Cheques returned will be subject to a \$35 administration fee.*

**4. For Credit Card Payments Only:**

Credit Card to be processed in \_\_\_\_\_ instalment(s) on the \_\_\_\_\_ day of each month.  
(Maximum 3) (1<sup>st</sup> or 15<sup>th</sup>)

*Please note that the last instalment must be dated for no less than 2 weeks prior to the start date of the program.*

Check the appropriate circle:      Cheque  Cash

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expire Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Card Holder's Name (Please Print) \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

### Terms and Conditions:

I authorize the payee to debit my account as indicated by the credit card number under the terms and conditions agreed to by me with the payee.

I acknowledge delivery of my authorization constitutes delivery by me to the financial institution where I maintain an account. Such financial institution is not required to verify the payments drawn in accordance with this authorization.

Termination of this authorization does/may not terminates the contract for goods and services exchanged or NSF/decline credit card fees.

I will notify the payee in writing of any changes in account information or termination of this authorization prior to the next debit due date.

I warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

**Preauthorized Payment Waiver:** I acknowledge I have read and agree with all the provisions contained in the terms and conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_