

A. CUSTOMER INFORMATION

MAIN CONTACT OR ORGANIZATION NAME	DATE MM / DD / YY
PHONE #	CLIENT BARCODE

B. PURCHASE INFORMATION

<input type="checkbox"/> PROGRAM REGISTRATION		
PARTICIPANT NAME	COURSE NAME	LOCATION
PARTICIPANT NAME	COURSE NAME	LOCATION
PARTICIPANT NAME	COURSE NAME	LOCATION
PARTICIPANT NAME	COURSE NAME	LOCATION
PARTICIPANT NAME	COURSE NAME	LOCATION
PARTICIPANT NAME	COURSE NAME	LOCATION
<input type="checkbox"/> MEMBERSHIP		
MEMBER NAME	MEMBERSHIP TYPE	
MEMBER NAME	MEMBERSHIP TYPE	
MEMBER NAME	MEMBERSHIP TYPE	
<input type="checkbox"/> FACILITY BOOKING		
RENTAL AGREEMENT #	EVENT DATE(S)	LOCATION

C. PAYMENT INFORMATION (PLEASE INDICATE THE ORIGINAL METHOD OF PAYMENT)

Refund Method: Cheque (Cash, Debit, Cheque) **OR** VISA MasterCard AMEX

Refund made payable to? _____

Mailing Address: (Have you moved in the last 6-12 months? Y / N) _____
Address City Postal Code

If refund is specific to a credit card:

Card Holder Name: _____

Card Number - - - Expiry Date /

APPROVAL & PROCESSING (TO BE COMPLETED BY CITY OF BRAMPTON STAFF)

COB STAFF	TOTAL REFUND AMOUNT	STAFF NAME	SIGNATURE	DATE MM / DD / YY
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