

# THE ARBUTUS CLUB - PROGRAM CANCELLATION REQUEST FORM



Date Request Submitted: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Participant's Member #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program/Class #: \_\_\_\_\_

Reason for Cancellation Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Contact phone # and/or email: \_\_\_\_\_

**Completed requests may be dropped off at the Recreation Services Desk or Club Reception,  
emailed to [registration@arbutusclub.com](mailto:registration@arbutusclub.com) or faxed to 604-264-5920.**

**Office Use Only:** Date Cancellation Processed: \_\_\_\_\_ Refund Amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_