

Form is to be completed by the parent/guardian

Parent/guardian must email completed form: gqcinfo@calgarygirlguides.com

- OR mail: 2188 Brownsea Drive NW, Calgary, AB, T2N 3G9
- The deadline for submission of refund requests is December 3rd, 2018 for the 2018-19 guiding year.

| | | |
|----------------------------------|--------------------------------------|-----------|
| Daughter/Ward: | First Name | Last Name |
| Daughter/Ward iMIS number: | | |
| Parent/Guardian: | First Name | Last Name |
| Parent/Guardian Address: | Full Address Required: | |
| Unit Details: | Name/Number of Unit: | |
| Location of Unit Meeting: | Name of Community Centre/School etc: | |
| List meetings that she attended: | List ALL dates: | |
| Parent Signature Required: | | |
| Date: | | |

| REASON FOR WITHDRAWAL/CANCELLATION | Within First 4 Consecutive Meetings | After Start of the 5 th Meeting |
|---|---|--|
| <input type="checkbox"/> Conflict with other activities <input type="checkbox"/> Girl lost interest in program <input type="checkbox"/> Moving <input type="checkbox"/> Parents unable to commit (scheduling conflict, financial reasons, etc) <input type="checkbox"/> Conflict with Guiders | <input type="checkbox"/> Full refund less \$20 admin. Fee includes \$30 rental fee | <input type="checkbox"/> No refund |
| <input type="checkbox"/> Wants to change units - no space available | <input type="checkbox"/> Full refund less \$20 admin. Fee including \$30 rental fee | <input type="checkbox"/> No refund |
| <input type="checkbox"/> Unit closed <input type="checkbox"/> Medical issues <input type="checkbox"/> Guider changed unit meet time <input type="checkbox"/> Guider changed unit meet day | <input type="checkbox"/> Full refund of membership paid including rental fee | <input type="checkbox"/> Full refund |
| <input type="checkbox"/> Asked to leave by GGC | <input type="checkbox"/> Full refund | <input type="checkbox"/> Full refund |
| <i>To ensure timely processing please provide ALL requested information. Allow 4-6 weeks for processing.</i> | | |

The Following To Be Completed by Girl Guides of Canada – Calgary Area:

| | |
|----------------------------------|-------------------|
| Approved by: _____ | Date _____ |
| Guider Name & iMIS # & District | |
| Refund approved by: _____ | Date _____ |
| Calgary Area Commissioner | |

Total Refund \$ _____ **Cheque #** _____ **Comments:** _____