Canton Leisure Services
Class or Program Satisfaction/Withdrawal Form
**Please read our Policies below prior to filling out this form**

Satisfaction Policy
Canton Leisure Services is committed to providing the highest quality classes, programs and events for the Canton Community. If, after attending a class or program, you are not satisfied with the level of service and/or quality of program, you may complete this form. All requests must be made within seven (7) days after the completion of the class or program.

Withdrawal Policy
Participants wishing to withdraw/transfer from a class or program must complete this form and submit it to the Summit Front Desk at least seven (7) days prior to the start of the program or event. Requests submitted less than seven (7) days will not be considered.

- If approved, participant will receive a Leisure Services Credit on Account which may be used for Leisure Services classes, programs and memberships (excludes Village Theater shows, Pheasant Run and Softball Leagues).
- No cash or credit card refunds will be issued, unless class or program is cancelled by Leisure Services.
- Deposits (i.e. Camp Canton, Trips) will not be refunded, regardless if refund for the class or program is approved.
- Participants requesting to transfer from one date to another must comply with the Withdrawal Policy and then request to be enrolled in the new class, if space is available (may also require Supervisor approval).
- Requests for a refund due to medical reasons will be considered at any time if accompanied with a doctor’s note.
- Leisure Services reserves the right to modify this policy and to exclude classes and programs from it at any time.

*I have read and understand the Satisfaction/Withdrawal Policy:

Participant Name: __________________________ Date: ____________

Parent/Guardian Name (if participant is a minor): __________________________

Home Phone: __________________________ Cell/Work Phone: __________________________

Email Address: __________________________ Address: __________________________

City: __________________________ Zip: __________________________

Name of Class/Program: __________________________ Activity Code: __________

I am requesting Leisure Services Credit on Account for (select one):

☐ Program Withdrawal ☐ Program Satisfaction

Please explain why you are requesting a Program Withdrawal or were not satisfied with a program or class:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Office Use Only

Date Received: _______ Received by: __________ Approved / Denied (Circle) Amount Approved: __________

Completed by Front Desk Staff

Date Received: _______ Received by: __________ Date Credit put on Account, if Approved: __________

Completed by Program Supervisor

If denied, list reason: __________________________________________________________________________