



REFUND REQUEST FORM

Complete the form below and return it by email to the following address
remboursement@fclaval.com

Request Date: _____

I have read and accept the refund policy:

MEMBER INFORMATION

First Name: _____ Last Name: _____

Passport Number: _____

Program in which the member was enrolled: _____

Address: _____

Reason for refund request: _____

Pay to the Order Of: _____

SECTION RESERVED FOR THE CLUB

Refund Request: Accepted: Refused:

Amount paid for inscription: _____

Amount of reimbursement granted: _____

Amount of credit granted: _____

Date of approval: _____

Reason for decision: _____

Signature of authorized personnel: _____