



## ANCASTER SKATING CLUB

### Request for Board of Directors Review

Please complete the following regarding your request/information, **in writing** and submit completed form to the Volunteer desk in sealed envelope. The Ancaster Skating Club Board of Directors will review this request/information at the next scheduled meeting and advise you asap following that meeting regarding a decision/direction.

**All submissions will be dealt with by the ASC Board in strict confidence.**

**REQUEST for Withdrawal from CanSkate or StarSkate Program, Refund.**

**Doctor's note provided?** Please Circle:    **Yes**                      **No**

Please state why you are requesting withdrawal from your registered program below.

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**OTHER: Requests/information for consideration by Ancaster Skating Club Board**

Please describe circumstances below. Attach any additional supporting documents.

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**Name (Print):** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preferred method of contact ie email: \_\_\_\_\_

Print Name of Skater & Skating program: \_\_\_\_\_

***For Skating Club Use Only:***

Date Received: \_\_\_\_\_ Date Reviewed (Board Meeting): \_\_\_\_\_

Follow Up: \_\_\_\_\_