



## **ANNEXE 2**

### **Registration cancellation form** (with or without reimbursement)

#### **Cancellation for medical reason and reimbursement request.**

- Reimbursement requests for a medical reason must be accompanied by a medical certificate, made in writing, signed and faxed to (514) 872-1590.
- The deadline for reimbursement requests due to an injury or illness is February 9th, 2009.
- Reimbursement will be mailed to you within 10 business days following the competition.

#### **Cancellation for non medical reasons and reimbursement requests**

- Reimbursement requests for non medical reasons must be made in writing, signed and faxed to (514) 872-1590, **not later than January 12th, 2009.**
- No reimbursement for other than medical reasons will be made after January 12<sup>th</sup>, 2009.
- A 10\$ administration fee will apply to all non medical reimbursement requests.

**Athlete's name :** \_\_\_\_\_

**Athlete's date of birth (dd/mm/yyyy) :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Category :** \_\_\_\_\_

**Club's name :** \_\_\_\_\_

**Club's telephone number :** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Club's address:** \_\_\_\_\_

**City :** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_

**Date :** \_\_\_\_\_ **Head-coach's signature** \_\_\_\_\_

- To contact us, please write to Anne-Maud Jan Viau at: [classique@gymnix.ca](mailto:classique@gymnix.ca)

**- No request will be accepted after the deadline -**