

## ANNEX II

### WITHDRAWAL NOTICE (WITH OR WITHOUT REFUND)

#### Medical withdrawal

- Please complete, sign and send the form below, **accompanied by a legible copy of a valid medical certificate**, by email at: [classique@gymnix.ca](mailto:classique@gymnix.ca)
- Deadline: **February 15, 2019**
- Take note that a \$10 administrative fee will be charged for all medical refund requests received after **December 15th, 2018**.
- Refund will be credited to your credit card within 30 business days following the last day of competition.

#### Non-medical withdrawal

- Please complete, sign and send the form below by email at: [classique@gymnix.ca](mailto:classique@gymnix.ca) , by **December 15th, 2018** at the latest.
- No refund (except for medical reasons) will be issued after **December 15, 2018**.
- Take note a \$10 administrative fee will be charged for all non-medical refund requests.

CLUB INFORMATION			
Club			
Contact person			
Email			
Phone number			
ATHLETE INFORMATION			
Last name, first name			
Birthdate (dd/mm/yyyy)		Category	

Head coach's signature : \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_