



Refund Request Online Training

Refund Request

Note: You must be matched with a family for a minimum of 4 weeks before applying for the \$ 20.00 refund)

Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Course Completion Date: _____

Contract/Match Date: _____

Family Coordinator: _____

Please Submit Requests to:

Family Respite Services
3295 Quality Way
Windsor, ON N8T 3R9
Fax: 519-972-8902
Attention: Carol Lutz

Office Use Only:

Refund Issued On: _____

Issued By: _____