



Saskatchewan First Nations
Family and Community Institute

English River Reserve 192J
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Saskatoon, SK S7T 1C8

Phone: (306) 373 - 2874
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SFNFCI TRAINING WITHDRAWAL FORM

Training Title:	Training Date:
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Participant Name [PLEASE PRINT]:

Agency/Organization:

Refund
Payable to: _____
Address: _____
Contact Phone/Email: _____

Reason(s) for Withdrawal:

Participant Signature:

--- SFNFCI USE ONLY ---

Notice of Withdrawal received on [Date]: Received by [SFNFCI Staff Name]:	Withdrawal Form received on [Date]: Received by [SFNFCI Staff Name]:
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Training Fee Invoice Number: _____ Invoice Amount: _____	<input type="checkbox"/> Paid GST Charged <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unpaid
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Withdrawal Type	Refund Type
<input type="checkbox"/> 21+ days before	100% - \$20 = \$ _____ Issue date: _____
<input type="checkbox"/> 10-20 days before	50% - \$20 = \$ _____ Issue date: _____
<input type="checkbox"/> 0-9 days before	No refund
<input type="checkbox"/> During training	No refund

Refund issued by: <div style="text-align: center; border: 1px solid black; padding: 5px;">[Signature]</div>	Scanned and electronically filed by: <hr/> Manually filed By:
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