



During the past year you have paid Circus West a Volunteer Deposit. Deposit refunds are based on the total number of hours you have volunteered.

Note that volunteer hours are tracked through the Volunteer binder and the office. If you have volunteered less than the minimum hours required your refund will be pro-rated in proportion to the hours volunteered.

Please print, sign and email this completed form to info@circuswest.com or fax it to 604.252.3697

NO LATER THAN AUGUST 15.

VOLUNTEER HOUR EXPECTATIONS BASED ON PROGRAM:

| | Cubs/ Lions/Tigers | Ringmasters/Big Top/Centre Ring/ Ensemble | Centre Stage | Performance |
|--------------------------------|-----------------------|---|--------------|-------------|
| 1st Student | 0 | 20 hrs | 25 hrs | 30 hrs |
| 2nd & Consecutive Students | 0 | 5 hrs | 5 hrs | 5 hrs |
| Late Enrollment/ Withdrawal | 0 | Pro-rated | Pro-rated | Pro-rated |

| Please complete areas | s bellow: | | |
|--|------------------------------|----------|------------------|
| Name: | | | |
| Address: | | | |
| City: | Province: | Postal (| Code: |
| Telephone: | Email: | | |
| Student's Name: | | Program: | |
| Student's Name: | | Program: | |
| Student's Name: | | Program: | |
| | hours this year in the follo | _ | |
| Please choose one: | | | |
| Donate my refund to | FOR OFFICE USE ONLY | | |
| registration 119281426RR proportionate to number | ☐ CONFIRMATION EMAIL | | |
| ■ Return my deposit to | ☐ CHEQUE REQUESTED | | |
| Signature: | Date: | | Hours Confirmed: |

CircusWest Performing Arts Society