

REFUND REQUEST FORM

PLAYER INFORMATION		
Request Date:		
Last Name:		
First Name:		
City:		Postal Code:
DIVISION REGISTERED	IN	
[]Novice []Atom []Peewe	ee []Bantam []Midget	
Player's Date of Birth:		
PARENT/GUARDIAN INFORM	IATION : Cheque payable to:	
Last Name:	First Name:	
Address:		Postal Code:
Phone:		
REASON FOR REQUEST:		
Office use only:		
Date:	Refund amount: \$	Cheque #
Approved by:	Entered [1 Equipment Returned and Checked [1