



REFUND REQUEST FORM - REGISTRATION

PLEASE REFER TO THE FEES TAB UNDER REGISTRATION ON THE TRAILS WEST HOCKEY ASSOCIATION WEBSITE TO VIEW OUR REFUND POLICY AND ADMINISTRATIVE FEES: www.trailswesthockey.com

COMPLETED AND SIGNED REFUND FORMS TO BE EMAILED TO: admin@trailswesthockey.com

PLAYER'S NAME	_____	
	Surname	Given Name & Initial
PLAYER'S ADDRESS	_____ Postal Code _____	
REGISTERED DIVISION	_____	TOTAL FEE _____
HOCKEY CANADA HOCKEY ID	_____	BIRTH DATE _____
		Day - Month - Year
PARENT NAME	_____	
	Surname	Given Name Phone (cell) _____
E- Mail	_____	

REFUND JUSTIFICATION

- ACCEPTED TO BANTAM OR MIDGET QUADRANT TEAM (TEAM NAME) _____
- RELEASED TO PLAY IN DIFFERENT HOCKEY ASSOCIATION (NEW ASSOCIATION) _____
- NO LONGER INTERESTED IN PLAYING
- MEDICAL/INJURY (DOCTORS NOTE IS REQUIRED)
- OTHER (SPECIFY) _____

Parent's Signature _____

Date Submitted _____