



## REFUND REQUEST FORM – CONDITIONING CAMP

A non-refundable administration fee of \$25 will be deducted from the refund.

COMPLETED REFUND FORMS TO BE EMAILED TO: [admin@trailswesthockey.com](mailto: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	_____	Phone (cell) _____
	Surname	Given Name
E- Mail	_____	

### REFUND JUSTIFICATION

- NO LONGER INTERESTED IN CAMP
- NO LONGER AVAILABLE TO ATTEND
- MEDICAL/INJURY
- OTHER (SPECIFY) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_