



REFUND REQUEST FORM – LEARN TO SKATE

A non-refundable administration fee of \$50 will be deducted from the refund.

COMPLETED 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 _____
BIRTH DATE	_____	
	Day - Month - Year	
PARENT NAME	_____	Phone (cell) _____
	Surname	Given Name
E- Mail	_____	

REFUND JUSTIFICATION

- NO LONGER INTERESTED IN PLAYING
- MEDICAL/INJURY (DOCTORS NOTE IS REQUIRED)
- OTHER (SPECIFY) _____

Parent's Signature _____

Date Submitted _____