



TWHA LEARN TO SKATE REFUND FORM

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

COMPLETED REFUND FORMS TO BE EMAILED TO: <u>admin@trailswesthockey.com</u>

PLAYER'S NAME	 Surname		Given Name &	 Initial	
PLAYER'S ADDRESS				Postal Code	
TOTAL FEE					
BIRTH DATE	Day - Month - Year				
PARENT NAME	Surname	Given Name	Phone (cell)		
E- Mail					
REFUND JUSTIFICA	ATION				
□ NO LONGER II	NTERESTED IN PLAYING				
☐ MEDICAL/INJURY (DOCTORS NOTE IS REQUIRED)					
☐ OTHER (SPECI	FY)				
Parent's Signature				_	
Date Submitted					