

ST. CATHARINES FEMALE HOCKEY ASSOCIATION

REQUEST FOR REFUND



Date: _____

Player Name: _____

Date of Birth: ____/____/____
 M D Y

Category: House League Registration Fee Refund

Chaos Registration Fee Refund

**** NO Tryout Fee Refund

Reason: _____

Division: _____ (Atom, Peewee, etc.)

Address: _____

City: _____ Postal: _____

Request For Refund Made By: _____

Monies Refunded From Date Form Was Received:		SCFHA Refund Policy for all Programs
Between June 4 th and September 15 th .	>>>>	Less \$25.00 administration fee per player.
Between September 16 th and October 15 th .	>>>>	Less \$100.00 administration fee per player.
Between October 16 th and November 15 th .	>>>>	Less \$200.00 administration fee per player.
Between November 16 th and end of season.	>>>>	NO REFUNDS.

FOR OFFICE USE ONLY

Date Received: _____

Form #: _____

House League Registration Paid: \$ _____

CHAOS Paid: \$ _____

Less Administration Fee: \$ _____

Other Adjustments: \$ _____

Total Refund Amount: \$ _____

SCFHA Cheque # _____ Amount: \$ _____

Approved by (Print): _____

Signature): _____ Position: _____

Mailed: _____