



## PLAYER REGISTRATION WITHDRAWAL FORM

To be completed and signed by the parent/guardian and handed into the LDMFA Registrar or Team Director for processing:

I, *(Players full name)* \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Of *(Address)* \_\_\_\_\_

*(City)* \_\_\_\_\_ *(Province)* \_\_\_\_\_ *(P/Code)* \_\_\_\_\_

Wish to **withdraw** my registration application with the Leduc & District Minor Football Association for the (Level/Team) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the LDMFA refund policy and understand how the refunds if applicable are issued. (Initials) \_\_\_\_\_

Parent Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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LDMFA Executive

Received on (Date) \_\_\_\_\_

Eligible for Refund    Yes    No    Amount if applicable: \$ \_\_\_\_\_    LDMFA Chq # \_\_\_\_\_

Executive Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_