

CORNWALL GIRLS HOCKEY ASSOCIATION

Registration Refund Request

To apply for a registration refund print this form, complete all fields and return to the CGHA Registrar.

Date of Request: _____

Name of Player: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Reason for Refund: _____

All refund requests due to medical reasons must be accompanied by a medical certificate.

Print Name: _____ Signature: _____

- ❖ Refunds will be considered from the date that a written request for a refund is received by the Cornwall Girls Hockey Association.
- ❖ This Request for Refund form must be completed in full.
- ❖ All refunds will be based on the CGHA Refund Policy and will be subject to an administration fee for processing. OWHA insurance fees are non-refundable.
- ❖ Processing of refunds is subject to the timelines as set out in the CGHA Refund Policy.

For office use only:

Date Received: _____

Amount Paid: _____ Cash: _____

Cheque: _____

Less OWHA Insurance Fee: _____

Less CGHA Administrative Fee: _____

Amount Refunded: _____

Approved by: _____

Cornwall Girls Hockey Association (Attn: Registrar)

800 Seventh Street West, Box 4, Cornwall, ON, K6J 0H3

cornwallgirlshockey@gmail.com