

# Grimshaw Minor Hockey Association



## REQUEST FOR REGISTRATION REFUND

Date of request: \_\_\_\_\_

Players Name: \_\_\_\_\_

Current Registration Division: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Refund:

- ☐ Player has moved out of GMHA - New Association:
- ☐ Player wishes to withdraw on his/her accord

Please state reason why the player has withdrawn:

Initial here \_\_\_\_\_ to signify you have read and understand GMHA Registration Refund Policy as posted on the GMHA website

**Refund will be issues within 2 weeks of receiving request**

Grimshaw Minor Hockey Association  
Box 437  
Grimshaw, Alberta  
T0H 1W0

[secretary@grimshawminorhockey.com](mailto:secretary@grimshawminorhockey.com)