



Juan de Fuca Lacrosse

Refund Form



To complete the form as a PDF, open with Adobe reader and click on Tools, then select open under Fill & Sign

Player Name: _____

Parent Name: _____

Parent Email: _____

Player Division (circle one):

U7(Mini-tyke) U9(Tyke) U11(Novice) U13(Peewee) U15(Bantam) U17(Midget)

Reason for refund request:

Refund payable to : _____

Signature: _____

Address: _____

Doctors Note included? (circle one) Y / N Date _____

Refund policy:

- Full refund less a \$25 Admin fee prior to February 24th 2023 **and** have not attended any Assessments or Back to the Box sessions
- Full refund less \$46 BCLA fee and a \$25 Admin fee will be deducted once a player has attended a practice/tryout session and prior to assessments/tryouts ending
- Refunds after assessments/tryouts for medical/injury reasons. Must be accompanied by a doctor's note and will be considered on a case by case basis by the Executive.
- Please allow 30 days for processing
- Please email the refund form to registrar@jdfilacrosse.com and treasurer@jdfilacrosse.com

-----**To be completed by Registrar and Treasurer:** -----

Date received: _____ Registrar Accepted: _____

Original Payment Date: _____ Payment Method: E Transfer / PayPal

Payment amount:

Registration: _____ Doctors Note? _____

Tryout fee of \$40: _____

Fundraising fee of \$50: _____

Total payment made: _____

Refund Amount: _____ Refund Date: _____ Method: _____