



**LETHBRIDGE LACROSSE ASSOCIATION  
REQUEST FOR REGISTRATION REFUND**

<b>PLAYER NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, PROVINCE:</b>	
<b>POSTAL CODE:</b>	
<b>PHONE NUMBER:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>DIVISION:</b>	
<b>COACH:</b>	

**Reason for Refund:** \_\_\_\_\_

**Refund Payable To:** \_\_\_\_\_

\_\_\_\_\_

**Signature** **Date**

ADMINISTRATION USE ONLY	
<b>REGISTRATION FEE PAID:</b>	\$
<b>- ADMINISTRATION FEE:</b>	\$
<b>- PRO-RATED FEE:</b>	\$
<b>REFUND AMOUNT:</b>	\$
 <b>INITIAL PAYMENT VARIFIED BY:</b>	
 <b>(SIGN AND PRINT NAME)</b>	
<b>DATE PROCESSED IN ACCOUNTING SYSTEM:</b>	
<b>CHEQUE NUMBER:</b>	
<b>CHEQUE AMOUNT:</b>	
<b>PROCESSED IN RAMP SYSTEM BY:</b>	
<b>DATE PROCESSED:</b>	