

**MEADOW LAKE MINOR HOCKEY
REFUNDS**

NAME _____

ADDRESS _____

TOWN _____

POSTAL CODE _____ **PHONE #** _____

DIVISION _____

LAST TIME ON ICE _____

REASON FOR REFUND _____

AMOUNT PAID _____

REFUND ISSUED _____

DATE _____

COMMISIONAIR _____

TREASURER _____ **DATE** _____

COPY TO SECRETARY & CALENDAR GROUP