- REQUEST FOR REFUND -
"TEAM"/"ASSOCIATION" FINANCES

TEAM / ASSOCIATION NAME: _____

TEAM / ASSOCIATION CONTACT: _____

TEL: (___) _____ FAX: (___) _____ Cell: _____

Email: _____

	Team ID #	Division	Category	Refund Amount Requested	Reason for Refund Request	Office Use Only + / -
1				$		
2				$		
3				$		
4				$		
5				$		
6				$		
7				$		
8				$		
9				$		
10				$		
			TOTALS	$		

Please make cheque payable to: _____

Please send cheque c/o:
Name: _____ Date: _____
Address: _____
City/Town _____ Postal Code: _____
Phone: H (___) _____ B (___) _____
C (___) _____ F (___) _____
Email: _____

THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM/ASSOCIATION APPLYING FOR PAYMENT REFUND.

I, _____, of the _____ team/association verify that the above information is correct and that there are no current payables due to the OWHA by any of the above noted team or teams in the above-noted association.

_____ _____ _____
Applicant's Position *Signature* *Date*