



PORT COLBORNE GIRLS HOCKEY ASSOCIATION REFUND APPLICATION

Player's Name: _____ Date: _____

Division: _____ Team #: _____

Parents: _____

Reason for refund:

Please Mail Refund Cheque to:

Refunds are issued by cheque payable to the name shown on the receipts.

Refunds will not be issued prior to November 1st, or not until has season ended

Please return this form to:

PCGHA., Silvana McAllister Treasurer, 27 First Avenue Port Colborne, ON L3K5N3

For Office Use Only

Date Rec'd	Date Mailed:
Received by:	Signature:
Approved by:	Signature:
Amount of refund:	Chq #