

St. Albert Minor Hockey Association
REQUEST FOR REFUND
NOTICE OF REGISTRATION CANCELLATION



PLEASE FILL OUT THIS FORM TO RECEIVE A REFUND AND EMAIL

TO: admin@samha.ca

Date: _____

Player's Full Name: _____

Division Your Child Play's in: _____

Person Requesting Refund: _____

Home Address: _____

REASON FOR REUND

___ Player does not want to play any longer

___ Medical Reason _____

___ Other _____

Refund requests will be completed based on our policies and procedures and in a timely fashion after the receipt of this request.

Office use only:

Date Received _____

Refund Amount _____

Approved by: _____

Copy to Registrar _____