



Refund Request Form

To be completed and signed by the parent/guardian and handed into the SPFA Registrar or Team Manager for processing.

Player Information

Request Date: _____

Last Name: _____

First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Level/Team Registered In: _____

Reason For Request: _____

I have read the SPFA refund policy and understand how the refunds *if* applicable are issued.
(Initials) _____

Cheque payable to:

Parent/Guardian Name: _____

Mailing Address(if different from above): _____

Email: _____ Phone: _____

Signed: _____ Date: _____

SPFA Executive

Received on (Date): _____

Eligible for Refund: yes no Amount if applicable: \$ _____ SPFA Cheque # _____

Approved by: _____ Entered [] Equipment Returned []