**WEST COUNTRY MINOR HOCKEY ASSOCIATION**

**TEAM CANCELLATION FORM**

TO **Ellen Bonde**, WCMHA Treasurer DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 R. R. 3

 Rocky Mountain House, AB

 T4T 2A3 MHA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ph/Fax 403-845-6894

 niels\_ellen@telusplanet.net

REP Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our association has cancelled the following team(s) from the WCMHA after the registration fees were paid. Please refund the fees minus the cost of a scorebook for each team.

 Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fees **100.00 - 15.00** = **$ 85.00**

 Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_

#####  Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_

 Total = \_\_\_\_\_\_\_

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##### Please mail cheque to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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