



REQUEST FOR REFUND



Refund Request for:

Appeal Fees High Performance

Team Bond Team Registration Fees

Tournament Sanction Fees

Other:

Reason for the Refund Request:

Refund Amount Requested:

ASSOCIATION / TEAM NAME: _____

ASSOCIATION / TEAM CONTACT PERSON: _____

Home Phone: _____ Cell: _____

Email: _____

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 Role

Signature

Date

NOTE: All Cheques related to Association / Independent Team refunds will be made payable to the Association / Independent Team.

NAME OF PERSON REQUESTING REFUND: _____
(for refund requests that are not association/team related)

NAME OF PLAYER: _____
(please provide player name for all High Performance and camp refund requests)

Home Phone: _____ Cell: _____

Email: _____

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