

**ST. CATHARINES CYO MINOR HOCKEY ASSOCIATION  
REQUEST FOR REFUND**



Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                          M      D      Y

- Category:    Mite/Heat Registration Fee Refund  
                   House League Registration Fee Refund  
                   CYO MD Hurricanes Registration Fee Refund

**\*\*NO REFUND ON TRYOUT FEES\*\***

Reason: \_\_\_\_\_

Division: \_\_\_\_\_ (Atom, Pee wee, etc.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal: \_\_\_\_\_

Request For Refund Made By: \_\_\_\_\_

**Refund cheque will be made payable to "Payee" on the registration form.**  
See CYO Refund Policy for refund amounts.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Form #: \_\_\_\_\_

Registration Amount Paid: \$ \_\_\_\_\_

Less Administration Fee: \$ \_\_\_\_\_

Total Refund Amount: \$ \_\_\_\_\_

CYO Cheque # \_\_\_\_\_

Approved by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Mailed: \_\_\_\_\_