

# ST. CATHARINES CYO MINOR HOCKEY ASSOCIATION REQUEST FOR REFUND



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

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

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

- Category:    House League Registration Fee Refund  
                  CYO MD Hurricanes Registration Fee Refund

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

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

Division: \_\_\_\_\_ (Atom, Peewee, etc.)

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

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

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

**Refund cheque will be made payable to "Primary Parent" on the registration form.**

Monies Refunded From Date Form Was Received:		CYO Refund Policy for all Programs
Between June 8 <sup>th</sup> and September 14 <sup>th</sup> .	>>>>	Less \$25.00 administration fee per player.
Between September 15 <sup>th</sup> and October 2 <sup>nd</sup> .	>>>>	Less \$100.00 administration fee per player.
Between October 3 <sup>rd</sup> and November 15 <sup>th</sup> .	>>>>	Less \$200.00 administration fee per player.
<b>Between November 16<sup>th</sup> and end of season.</b>	>>>>	<b>NO REFUNDS.</b>

**FOR OFFICE USE ONLY**

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

Registration Amount Paid: \$ \_\_\_\_\_ Form #: \_\_\_\_\_

MD Paid: \$ \_\_\_\_\_

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

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

CYO Cheque # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

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

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