PLAYER REFUND REQUEST FORM: Please complete this form and ensure that the information provided matches the most recent registration documentation with Olds Minor Hockey Association. All requests must be submitted in writing. An electronic version of this document can be found on the Olds Minor Hockey website, or a printed version of this form may be emailed to: registrar@oldsminorhockey.com.

Family Unit Last Name:

_____

Parent/Guardian Full Name:

_____

Player Name (1):

_____

Player Name (2):

_____

Player Name (3):

_____

Type of Refund Requested (please check all that apply):

❏ Conditioning camp withdrawal

❏ Evaluations session withdrawal

❏ Complete family unit withdrawal from OMHA (all children/youth removed from program)

❏ Single child or youth withdrawal from OMHA (other children/youth will remain players)

❏ Medical requirement to withdraw

❏ Other (please provide details):

_____

Effective Date of Player Withdrawal from OMHA:

_____

Parent/Guardian Signature(signature must match that of the Parent/Guardian who registered the child/youth):

_____

Date:

_____

_____

FOR OFFICE USE ONLY:

Refund Meets Policy: Yes No Route to Board for Decision

Applicable Refund Percentage: _____

Refund Amount Given: _____

Date Refund Request Processed : _____

Refund Issued Via: Cheque or Electronic Transfer Refund Issued by: _____