

CENTRAL YORK GIRLS HOCKEY ASSOCIATION PLAYER REFUND REQUEST FORM

Registration refunds will NOT be granted after November 1st unless under special circumstances and will remain at the discretion of the CYGHA executive.

Date of Request	Current Team
Player Name	Coach
Address	
Phone	Email

I _____ of the _____ Team
 am formally requesting a player refund. I understand that registration refunds and amounts will be distributed per the Refund Schedule and the CYGHA reserves the right to deem refund amount(s) as per refund policy.
 A request for refund for medical reasons submitted after October 31st must be accompanied by a doctor's report.

Refund Schedule	
House League	
Withdrawal before Opening Weekend	Full refund less \$50
Withdrawal before and including October 31	Full refund less \$100
Withdrawal after October 31	Subject to Executive Review

Reason For Refund Request _____

CYGHA reserves the right to approve refunds accordingly. I hereby understand any refund amount will be decided and granted by the CYGHA as required.

Player/Parent Name(Please Print)
Player/Parent Signature

For CYGHA Use Only	
Refund Request Type: Fun. _____	HL _____ SR _____ Date Received: _____
Registration Amt Paid	
Refund Amt Approved	Date Cheque sent & #