



SAULT MAJOR HOCKEY ASSOCIATION

Refund Request Form

Form must be completed in full and submitted before the refund deadline date. The form must be submitted to:

- a. Registrar registrar@saultmajorhockey.ca
- b. Office administrator officeadmin@saultmajorhockey.ca
- c. League director

Player's Name: _____

Player's Date of Birth: _____

Team and Division Registered in: _____

Payee/Parent's Name: _____

Payee/Parent's Address: _____

City: _____ **Postal Code:** _____

Reason for Refund:

Payee/Parents' Signature: _____