



KMHA REFUND REQUEST FORM

Website: kitimatminorhockey.com

E-mail completed form to : kmhatreasurer@outlook.com and kitimatminorhockey@gmail.com

1. Refund request may be submitted to the Registrar of KMHA up until November 30th of the current hockey season
2. You will receive an email confirmation of the e-mail address you supply in this form that your refund request was received. This is your proof of submission.
3. The refund structure will be as follows:
 - On or before September 30th: 100% of the refund less \$70.00 Administration fee
 - After September 30th - \$70.00 + Ice fees penalty - \$16.00 per week
 - No Refunds after December 20th - HALF season rates apply from December 20th on.

The Board of Directors will review applications for a refund with reasons submitted. The request for refund must be signed by the Divisional/Rep Manager. **Any major injuries must be accompanied by a letter from the Doctor confirming the injury and the players inability to return for the balance of the season.**

I agree to the terms and conditions stated above.

The refund is requested for: player goalie Name: _____

Registration fee amount paid and method of payment: _____

Date the player stopped playing hockey: _____

Reason the player stopped playing hockey: _____

IF MOVING, please provide address and attach proof of residency: _____

ANY refunds owing will be processed by cheque.

Please advise refund cheque name: _____

Relationship to player: _____

Refund cheque address: _____

Phone number and e-mail: _____

Signature of person requesting refund: _____

NO refunds will be issued until KMHA jersey/equipment is returned and REP fees paid. Jersey returned? Yes No

IF playing REP, are REP fees paid up? yes No

Division _____ Divisional/Rep Manager's signature: _____