



Refund Request Form

Player Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Program: _____ Ex. U10 Recreational

Your Details:

First Name: _____

Last Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____

Phone: *Day:* _____ *Evening:* _____

Cell: _____

Payment

Method: _____ *If cheque provide cheque number:* _____

Have you read our refund policy: _____

Reason for Refund:

Will you be supplying additional documentation?