

# Belle River District Minor Hockey Association

## REQUEST FOR REFUND/REIMBURSEMENT

**THIS FORM MUST BE COMPLETED IN ORDER TO RECEIVE A REFUND. Email to [treasurer@brdmha.com](mailto:treasurer@brdmha.com) or submit through [brdmha.com](http://brdmha.com)**

Player's Name \_\_\_\_\_ DOB \_\_\_\_\_

Division: U\_\_\_\_ Team \_\_\_\_\_ Head Coach \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Reason for Refund: (CHECK ONE)

\_\_\_\_ Player released to AAA hockey.

\_\_\_\_ Player released to another Hockey Association.

\_\_\_\_ Player wishes to withdraw on his/her own accord.

\_\_\_\_ Medical reason. \_\_\_\_\_

\_\_\_\_ Other (i.e.. Coaching Clinics, etc.) \_\_\_\_\_

Registration Refund Policy:

ALL DIVISIONS: *Prior to Season* - 100% fees refunded less a \$30 Administration Fee

*In Season* - Registration refunds are prorated monthly, less a \$30 Administration Fee

No registration refunds will be issued after December 31<sup>st</sup> of each calendar year.

Players who cannot continue to play due to a medical condition, their refund amount will be assessed on an individual basis. Email [treasurer@brdmha.com](mailto:treasurer@brdmha.com) providing details.

All cheques will be available for pick-up during BRDMHA office hours within two weeks. Office hours are held weekly in the BRDMHA office (ATRC-ROCK Walking Track)

Office use only:

Date Received \_\_\_\_\_ Refund Amount \_\_\_\_\_ Cheque # \_\_\_\_\_

Cheques Returned/Not deposited \_\_\_\_\_ Date of Cheque \_\_\_\_\_