



**REQUEST FOR REFUND  
NOTICE OF REGISTRATION CANCELLATION – 2023-24 Season**

PLEASE FILL OUT THIS FORM IN ORDER TO RECEIVE A REFUND.  
Download, fill out, scan and Email to Registrar  
(rechockeyregistrar@hockeycalgary.com)

**Date:**

**Player’s Full Name :**

**Player’s Hockey Canada ID Number: if you know it.**

**Division :** U13, U15, U18 or U21

**Person Requesting Refund :**

**Address :**

**REASON FOR REFUND**

**Player** wishes to withdraw on his/her own accord.

Medical Reason. \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Refund requests will be processed in approximately two to three weeks following receipt by the Association of this refund request form. Refund payments will be made by cheque, etransfer or REFUNDED CC.

*Request before 1<sup>st</sup> game of season: \$740/740 + GST - \$100 (processing fee) If you used a credit card . . . that card WILL BE REFUNDED. Goalies - \$450/\$450 + GST.*

***EACH CASE WILL BE CONSIDERED ON IT’S OWN MERIT.***

***Request after Dec 31: AGAIN, EACH CASE WILL BE CONSIDERED ON IT’S OWN MERIT.***

*Office use only:*

Date Received _____	Refund Amount _____
Approved by: _____	Copy to Registrar _____