



REQUEST FOR REFUND
NOTICE OF REGISTRATION CANCELLATION – 2024-25 Season

PLEASE FILL OUT THIS FORM IN ORDER TO RECEIVE A REFUND.
Download, fill out, scan and Email to Registrar (registrar@rechokeycalgary.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 1st 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 _____