



## GGHA Refund Request Form

<b>Name of Player</b>			<b>Date of Birth</b> (dd/mm/yy)	
<b>Name of Parent/Guardian</b>			<b>Team</b> <input type="radio"/> House <input type="radio"/> League <b>Team color or name:</b>  <input type="radio"/> Rep AA A BB B	<input type="radio"/> Fundamental <input type="radio"/> Novice <input type="radio"/> Atom <input type="radio"/> Peewee <input type="radio"/> Bantam <input type="radio"/> Midget <input type="radio"/> Mid/Int HL
<b>Mailing Address</b>				
<b>Phone Number</b>				
<b>Email Address</b>				
<b>Original Fee Payment Method</b>	<input type="radio"/> Credit Card <input type="radio"/> Cheque <input type="radio"/> Cash			
<b>Reason for Refund</b>	<b>Requests for medical reasons must be submitted within 30 days of onset of injury/ illness.</b> If withdrawing for medical reasons please attach documentation and include date of injury or illness.			
<b>Date of Request</b> (dd/mm/yy)		<b>Signature</b>		
<b>Office Use ONLY</b>				
<b>Date Initial Request Received</b>				
<b>Date Refund Request Form received (if different from above)</b>				
<b>Date Refund Issued</b>		<b>Cheque Number</b>		
<b>Signature of Treasurer</b>				

- **All requests for refunds must be in writing.** Print off this form and complete ALL fields.
- Return the completed form to the Registrar via email (scan completed form), or send initial refund request via email and deliver Request Form to the Registrar within 5 business days.
- Refunds will be issued by cheque only. Refunds will be processed within 4 weeks and will be mailed to the address provided above.
- **There are NO refunds after October 31<sup>st</sup> except for relocation or medical reasons.**
- Refund requests for medical reasons after Oct. 31 will be considered on a case by case basis
- **Medical Refund requests must be submitted within 30 days of injury along with supporting documentation.**