



**MEADOW RIDGE FEMALE
MINOR HOCKEY ASSOCIATION**

23855 105th Avenue, Maple Ridge, BC V2W 1B8
Refund enquiries: Treasurer, Pam Sohi 604-466-9297 Fax: 604-467-8956

PLAYER CANCELLATION FORM

Player's Name: _____

Division: _____ Team: _____

Reason for cancellation: _____

MRFMHA Refund Policy:

Registration cancellation refunds are pro-rated and based on the PCAHA League week-by-week schedule to December 31st
LESS: an automatic \$50 administration fee for all cancellations after August 1st, payment plan fees, rep tryout fees, late payment fees and/or credit card fees charged to MRFMHA for registration payment made online by credit card.

MRFMHA is not responsible for the refund of any team fees paid directly to the team the player was registered to. Please contact the player's coach and/or manager for the team policy on team fee refunds.

There are no refunds for player suspensions or those in violation of the player Code of Conduct.

Refunds are processed the 2nd week of each month. Please provide address information for payment:

Parent / Guardian name(s): _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____

Signature of Parent/Guardian

Dated this ____ day of _____, 20__

Verbal cancellations or email notifications will not be accepted. Please submit the Player Cancellation form to info@barracudashockey.ca, mail or fax to 604-467-8956

OFFICE USE ONLY:

Date Received:	Refund Amount:
Payment Date:	Cheque #: