



**MEADOW RIDGE FEMALE  
MINOR HOCKEY ASSOCIATION**  
23855 105<sup>th</sup> Avenue, Maple Ridge, BC V2W 1B8

**PLAYER CANCELLATION FORM**

Player's Name: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

**MRFMHA Refund Policy:**

Withdrawal up to and including September 10<sup>th</sup> will receive a full refund **LESS** an automatic \$100 administration fee.

For withdrawal received September 11<sup>th</sup> to October 31<sup>st</sup> will receive a 50% refund.

Withdrawals received November 1<sup>st</sup> or later are not eligible for a refund.

Withdrawals due to medical reasons may be eligible for a partial registration credit to be used on the following season.

Player must not be able to return to play for the remainder of the season. Doctors note is required.

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 3<sup>rd</sup> 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 will not be accepted. Player Cancellation form must be completed & emailed to registrar@barracudashockey.ca or mailed to the address shown above. (email recommended)**

**OFFICE USE ONLY:**

Date Received:	Refund Amount:
Payment Date:	Cheque # / CC Auth#: