

Player Name:

RIDGE MEADOWS MINOR HOCKEY ASSOCIATION

PO BOX 264 Maple Ridge, BC V2X 7G2

PLAYER CANCELLATION FORM

Division:	
Date:	
Reason:	
	and that refunds are based on the following:
Cancellat	ions received before:
>	August 15th - 100% refund of base Registration Fee, less \$50 Administration Fee
>	September 30th - 75% refund of base Registration Fee, less \$50 Administration Fee
>	October 31st – 50% refund of base Registration Fee, less \$50 Administration Fee
>	November 1st or later: NO REFUND – Exceptional circumstances may be reviewed at the discretion of the Board of Directors.
I also understand that should the above player request to re-register, he/she may be placed onto a waiting list.	
Refunds will be processed in a timely manner, but may take 4-6 weeks.	
NO REFUNDS FOR 'A' PROGRAM EVALUATION FEES LESS THAN 31 DAYS PRIOR TO THE START OF EVALUATIONS.	
Signature	e of Parent/Guardian