Refund Request Form

a) A partial refund of fees may be paid on compassionate grounds due to injury, illness or family obligations. Refunds will not be considered for work or vacation reasons.
b) The completed 'Refund Request Form' must be submitted to the league accompanied with a stamped self-addressed envelope.
c) A player who has received a refund is deemed that he will not be returning that current season. He will be placed on the LTIR / Deferral list to return the following year.
d) A player wishing to return earlier must clear the appropriate waiting list.
e) Any request for refund must be applied for by the end of February, with no refunds considered for a member who leaves within 2 months of the end of the season.
f) The amount of refund is prorated and calculated by the League based on the number of games remaining in the season when notification was submitted. The refund will be reduced by an administration fee of $25 and will be dispersed by season's end.

Player's Name: _____ Phone number: _____

Mailing address: _____
Street and number

_____
City

_____
Postal Code

Reason for requesting a partial refund of fees:

_____

Date that you notified the league of your inability to continue playing: _____

Number of games remaining following the notification date: _____

Date of your expected return to play _____

_____
Player Signature

_____ _____
Captain Signature League Approval