

# QUINTE WEST MINOR HOCKEY ASSOCIATION

[www.quintewestminorhockey.com](http://www.quintewestminorhockey.com)

## PLAYER REGISTRATION REFUND REQUEST

To apply for a player registration refund, print off this form, complete all fields then return to the Quinte West Minor Hockey Office.

Name of Player:	Date of Birth:
Address:	
Phone #	Email address:
Payment method:( cash, cheque, online, other)    Amount paid:	

Reason for refund: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of request: \_\_\_\_\_  
 Signature of Parent: \_\_\_\_\_  
 Signature of Parent or Guardian: \_\_\_\_\_

Refunds will be granted from the earlier of : a) the date that a written request for a refund is received by the Association, and b) the date that a player's injury or medical condition prohibits a player from playing (doctor's letter will be required)

To be considered for a refund you are required to complete this request in full. Any request resulting from an injury that prohibits a player from playing must be submitted within 30 days of the date of the injury.

Refunds will not be granted for games lost due to injuries, illnesses or otherwise.

Registration refunds (net of administrative charges) will generally be granted according to the following:

	<b>Amount of Registration</b>	<b>Refund</b>
<b>Up to October 18<sup>th</sup></b>		
	<b>\$50.00 administration</b>	
<b>October 19<sup>th</sup>- Nov. 17<sup>th</sup></b>		
<b>75% of registration</b>	<b>Ex 410.00</b>	<b>\$307.50</b>
<b>November 18<sup>th</sup>-Dec 15<sup>th</sup></b>	<b>Ex 410.00</b>	<b>100.00</b>
<b>Dec 16<sup>th</sup>- forward</b>		<b>NONE</b>

**Rep fees will be determined based on # of games played. Team fees will be up to the Team.**

**Please allow 3-4 weeks for the refund to be processed.**