



ST. CATHARINES MINOR LACROSSE ASSOCIATION

600 Lakeshore Road, P.O Box 27002

St. Catharines, Ontario L2N 7P8

michelleb6@me.com

REFUND REQUEST FORM

PLAYER NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

PROGRAM: Girls Field Boys Field Box - Rep Box - House League Girls Box

DIVISION: Paperweight Tyke Novice PeeWee Bantam Midget Intermediate

REASON FOR REQUEST: _____

CHEQUE TO BE MADE PAYABLE TO: _____

REFUND REQUESTED BY (Please Print): _____

SIGNATURE: _____ DATE: _____

REFUND POLICY 2019

- This refund request form must be completed for all refunds of registration fees.
- Refund requests will NOT be accepted by telephone. The completed form may be submitted by mail or email.
- All refunds will be issued by cheque or back to the credit card on file.
- Refunds will be given to players cut by Field or Box teams. Box players will first be offered the opportunity to play house league.
- The following administration fees and cut-off dates are applicable to ALL refunds:

Program	\$50 Admin Fee	\$75 Admin Fee
Minor Field	By March 1, 2019	March 2, 2019 and later
Girl's Field	By March 1, 2019	March 2, 2018 and later
Rep Minor Box	By April 20, 2018	April 21, 2018 and later
Houseleague	By March 31, 2018	April 1, 2019 and later
Girls Box	By June 1, 2019	By June 2, 2019

- Refund requests based on injury must be accompanied by a doctor's note and will be assessed on an individual basis.
- **No refund will be given after June 15 of any season.**