



REFUND/CREDIT FORM

DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE: EMAIL: _____

PLAYER NAME: _____

DOB: _____ GENDER: _____

PROGRAM: _____ REQUEST: CREDIT/ REFUND (circle one)

REASON FOR REFUND/CREDIT REQUEST:

Please note the following conditions:

- All REFUNDS are subject to an administrative fee/ CREDITS are exempt from the administrative fee;
- Requests received after program start may be subject to a fair pro-rate;
- Requests related to season ending injuries or other medical/compassionate reason, a doctor's note may be requested;

ADMINISTRATIVE FEES:

- Rep teams - \$50.00 Admin fee on all refund requests;
- Spring/Summer House League - \$35.00 Admin fee on all refund requests;
- Fall House League - There will be no refunds due to the short turn around between registration and season start date;

Once the form has been completed:

- Please scan/email your signed form to: woolwichyouthsc@gmail.com;
- Please allow 30 days for processing;
- Refunds will be processed by credit card (if paid online) or by e-transfer.

PARENT/GUARDIAN SIGNATURE: _____

Office use only

RETURN AMOUNT:

VARIANCE EXPLANATION:

REFUND METHOD: AUTHORIZED BY: