



REFUND ORDER

Request Date: _____

Payable To: _____

Amount: _____

Program Area: (select one)

House League Development Competitive

Player Name: _____

Date of Birth: _____

Team Name: _____ (if applicable)

Payment Received by: (select one)

Credit Card Cheque Cash

Reason for Request:

Refund Details:

Registration Fee \$ _____

Less Admin Fee: \$_50.00

Approved by: _____

For Office Use:	
Date Refunded:	
Refund Payment Method:	
Processed By:	