



REFUND ORDER

Request Date: _____

Payable To: _____

Amount: _____

Program Area: (select one)

House League

Rep/Elite

Competitive

Player Name: _____ Gender (M/F): _____

Date of Birth: _____

Team Name: _____ (if applicable)

Reason for Request:

Payment Received by (select one): Credit Card Cheque Cash

Refund Details:

Registration Fee: \$ _____

Less Admin Fee: \$ 50.00

Less Early Bird: \$ _____ Early Bird (\$30)

Net Refund: \$ _____

Approved by: _____

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