



# REQUEST FOR REFUND

## 2020 HOUSE LEAGUE

### Please forward:

\*\* By mail to: 475A Cosburn Avenue, Toronto, M4J 2N6

\*\*\*\* By Email to: eyrefund@gmail.com

Player Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Payment remitted to Club by (select one):

Credit Card  Cheque  Cash

### Refund Details:

Registration Fee: \$ \_\_\_\_\_

Less Admin Fee: \$ 50.00

**Net Refund:** \$ \_\_\_\_\_

Name of Parent requesting Refund: \_\_\_\_\_

*If fee was paid by Cheque or Cash:*

Name of Parent to receive Refund by cheque:

*(Capital Letters please)* \_\_\_\_\_

**The cheque will be mailed to you**

For Office Use:	
Date Refunded:	
Refund Cheque #:	
Processed By:	