

Drayton Minor Hockey Refund Request Form

Date	Name of Player
Player Level (Eg: U9, U11)	Season
, , ,	
Reason for Refund	
Name of Parent/Guardian	Phone
Signature of Parent/Guardian	

Note: All Refunds are subject to a minimum \$20 admin charge, plus insurance fees. Full reimbursement provided where no team is available.

- Refunds requested until end of September: 90%
- Refunds requested from Oct 1-31: 75%
- Refunds requested from Nov 1-30: 60%
- Refunds requested from Dec 1-31: 40%
- No refunds will be granted after Dec 31 of any season

Questions can be forwarded to Erin - registration@draytonminorhockey.com