



# CHEDOKE MINOR HOCKEY LEAGUE

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## 2010/11 REFUND REQUEST FORM

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Division: \_\_\_\_\_

Reason(s) for Refund: \_\_\_\_\_

Cheque to be made payable to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFUND POLICY

You **MUST** complete this form to receive a refund. Refund requests will **NOT** be accepted by telephone. All refund requests must be accompanied by your original receipt. Requests without receipts will be automatically charged an additional \$10 administration fee. You will not be contacted to submit your receipt.

All refunds are subject to an administration fee. See the chart below. Refunds requested after September 30, 2010 are also subject to a non-refundable \$35.00 player assessment fee. After that date pro-rated refunds will be given:

- before June 1 - amount paid less \$ 50.00
- June 1 – September 30 - amount paid less \$100.00
- October 1 – October 31 - amount paid less \$135.00
- November 1 – November 30 - amount paid less \$160.00
- December 1 – December 31 - amount paid less \$185.00
- January 1 or later - No refund granted

#### PLEASE NOTE:

1. The date used to determine the refund amount will be the date the written refund request is received by Chedoke Minor Hockey.
2. Additional charges will be assessed if uniforms have been given out and they are not returned.
3. All refunds will be issued in the form of a cheque and mailed to the address above. Cheques returned to us due to incorrect or incomplete addresses will not be reissued.
4. Please allow 3 to 4 weeks for receipt of your refund cheque.
5. Refunds based on injuries will be assessed on an individual basis. A doctor's note may be required.

FOR OFFICE USE ONLY				
CONTROL #	AMOUNT PAID	CHEQUE #	REFUND AMOUNT	DATE ISSUED