



# Brampton Canadettes Girls Hockey Association

340 Vodden Street East, Brampton, ON L6V 2N2 • 905-874-1788

## REGISTRATION REFUND REQUEST FORM 2019-2020

PLAYER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION CATEGORY		
<input type="checkbox"/> HL - House League	<input type="checkbox"/> REP - Representative, choose option below	
<input type="checkbox"/> DS - Development Stream	<input type="checkbox"/> AA	<input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> B
DIVISION LEVEL		
<input type="checkbox"/> Rising Stars	<input type="checkbox"/> Atom	<input type="checkbox"/> Midget
<input type="checkbox"/> Tyke	<input type="checkbox"/> Pee wee	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Novice	<input type="checkbox"/> Bantam	<input type="checkbox"/> Senior

PARENT INFORMATION	
Parent Name:	_____
Street Address:	_____
City/Postal Code:	_____
Email:	_____
Phone Number:	Cell Number: _____

REASON FOR REFUND		
<input type="checkbox"/> Medical	<input type="checkbox"/> Moved	<input type="checkbox"/> Other
Please explain reason below:		
_____		
_____		

PAYMENT INFORMATION	
Paid Via:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque / CHQ #: _____ <input type="checkbox"/> Cash
Name on Credit Card:	_____
Date Paid:	Registration Amount Paid: \$ _____

CALCULATION OF REFUND	
Registration Payment Received:	\$ _____
LESS:	
Uniforms	_____
Ice Times	_____
Rep Fees	_____
Administration Fee	_____
OWHA Player Fee	_____
Other	_____
<b>AMOUNT OF REFUND: \$ _____</b>	

REFUND APPROVAL - BCGHA OFFICE USE ONLY	
Verified: If fees paid by team, did player pay FULL amount to REP Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund Approved By:	_____
Refund Paid Via Cheque #:	Date of Cheque: _____