

Surrey Minor Hockey Association Request for Refund

REFUND POLICY AND REQUEST FOR REFUND

- 1. It is the responsibility of the parent of the player to apply in writing for any refund. A separate form is to be submitted for each player for which you are requesting a refund.
- 2. Refunds of registration fees must be requested using the Request for Refund form and submitted to the Registrar up until December 31st of the current hockey season.
- 3. All refund amounts will be determined based on the date received.
- 4. All refunds are subject to an administration fee (see below).
- There will be no refunds for any players currently serving a suspension from Surrey Minor Hockey Association (SMHA), Pacific Coast Amateur Hockey Association (PCAHA), BC Hockey or Hockey Canada.
- 6. There will be no refunds for any players whose applicable fees have not been paid in full or have monies owing to the Association.
- 7. Please allow two (2) weeks for processing of the refund. After that period, any inquiries regarding payment of refunds should be directed to registrar@surreyminorhockey.com.

Once the request for a refund of the registration fees is received by the Registrar, the amount of the refund will be determined as follows:

- A \$50 administration fee will be applied to each refund request.
- Withdrawals immediately following pools placement or cuts from rep are subject to a 30% surcharge on registration fees for the season.
- 100% fees refunded (minus administration fee) before September 1st
- 75% fees refunded (minus administration fee) before October 15th
- 50% fees refunded (minus administration fee) before December 31st
- No refunds after January 1st of the current season
- 100% fees refunded (minus administration fee) for Rep Try outs before Jul 31st
- No refunds for Rep Try outs after Aug 1st
- No refunds for Rep Carding Fees
- 100% fees refunded (minus administration fee) for Prep Camp before Jun 30th
- No refunds for Prep Camp after Aug 1st
- No refunds for Spring Camp after Apr 1st

ALL refunds need to be completed on the refund request form and must be emailed to registrar@surreyminorhockey.com.



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Please fill out this form in order to receive a refund. A separate form is to be submitted for each player for which you are requesting a refund. When complete, email to registrar@surreyminorhockey.com.

Date:					
Player's I	Name:				
Division	Registered In:				
Payee/Pa	rent's Name:				
Payee/Pa	rent's Address:				
City: Postal			ode:		
Reason f	or Refund:				
3rd/4th C	hild Discount: Ple	ase Name all	Children below (Use	youngest child for <u>F</u>	Player's Name at top)
Injury (PI Type of I		bmit any doc	tor issued document	s to registrar@surre	eyminorhockey.com)
Moving - Date of Move:			Made Juniors - Team Name:		
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	•	ан шас Арріу Р САМР:	SPRING CAMP:	FULL SEASON:	
Other:	0015. PRE	P CAIVIP.			
	arents' Signature:				
Г		•	S.M.H.A Use Only		
	Fee Applied: _		Date Rec	eived:	
	% Applied: _		Approv	ed By:	
	Admin Fee:	\$50.00	Date Comp	oleted:	
	Refund Amount: _			Card:	
	Cheque #: _		E-Tra	nster:	