

MWHA CAMP REFUND FORM

Please refer to the Refund Policy under the Registration section on <u>www.millwoodshockey.ca</u> website to review the full Refund Policy. Late fees are non-refundable.

Completed and Signed Refund Forms to be emailed to: <u>mwhapayments@gmail.com</u>

Players	s Name	2:		
Players Mailing Address:			Postal Code:	
Registe	ered Di	vision:		
0	U11	2016-2017 Birth Year 2014-2015 Birth Year 2012-2013 Birth Year		
Parents Name:		2:	Phone (Cell):	
Mailin	g Addro	ess for Refund:		_
Email:				
Refund	d Justif c c c c	Medical/Injury (Doctors Note is Requ Released to play in a different associa	-	

Parent Signature: _____ Date Submitted: _____