



KENT MINOR HOCKEY ASSOCIATION  
P.O. BOX 485  
Chatham, ON N7M 5K6

## REFUND REQUEST FORM

DATE: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

REASON FOR REFUND:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To Be Completed By Treasurer of KMHA:**

|                     |          |                |    |
|---------------------|----------|----------------|----|
| AMOUNT PAID:        | \$ _____ | PRO-RATED: YES | NO |
| ADMINISTRATION FEE: | \$ 30.00 |                |    |
| LESS: PRO - RATED   | \$ _____ |                |    |
| TOTAL REFUND        | \$ _____ | (Chq # _____)  |    |

Please email this form + any supporting documents to  
[treasurer@kentminorhockey.com](mailto:treasurer@kentminorhockey.com)

A cheque will be issued and mailed to the address provided on this form.  
Please allow up to two (2) weeks for a refund to be processed.