



MAIL FORM TO:
Tim Burns / NCYHA
1151 Aquidneck Ave Suite 408
Middletown, RI 02842

NCYHA REFUND REQUEST

1151 Aquidneck Ave Suite 408
Middletown, RI 02842

Please be sure to complete all blank spaces

Refund Policy: The NCYHA Refund Policy is posted on the REGISTER NOW! page of the NCYHA website. It is also included in the waiver that is electronically signed by the parent/guardian when registering a player online. The NCYHA Board of Directors will review all Refund Requests. The NCYHA Board of Directors may deny a request that is not made within the NCYHA Refund Policy guidelines.

Deadline: Request must be submitted prior to December 31st.

Player's Name (individual for whom refund is being sought) _____

Address _____ **(H) Phone** _____

Event (for which refund is being sought, e.g. Squirt Travel League) _____

Refund Amount Requested \$ _____

Please state specific reason why a refund is being requested (use the back of the page if needed). If the player is injured or has a medical condition that prohibits the player from participating in hockey for a period of at least 8 weeks, please attach written verification by the attending physician.

Did player attend tryouts for this event (Y/N)? _____ **Was player placed on a team for this event (Y/N)?** _____

Did player attend any games or practices for this event (Y/N)? _____ **If so, how many?** _____

I certify that all information and statements made by me on this application are true to the best of my knowledge.

Parent/Guardian Name _____

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Reviewed _____ Date Issued (if approved) _____

Requested \$ _____ Approved \$ _____ Fee Paid by Applicant \$ _____

Amount to be Refunded \$ _____

Refund Type: By check _____ To credit card _____ NCYHA Credit _____ Coupon Code (if credit): _____

Reason if Denied _____