



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).
5. 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@surreymminorhockey.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.
- 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 Jul 1st

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

NO EXCEPTIONS!



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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.

Player's Name: _____

Division Registered In: _____

Payee/Parent's Name: _____

Payee/Parent's Address: _____

City: _____

Postal Code: _____

Reason for Refund: _____

3rd Child Discount: Names of Children _____

Injury (Please be sure to submit any doctor issued documents to registrar@surreyminorhockey.com)

Moving - Date of Move: _____

Made Juniors - Team Name: _____

Rep Tryout Withdrawl - Reason: _____

Prep Camp Withdrawl - Reason: _____

Full Season Withdrawl - Reason: _____

Other: _____

Payee/Parents' Signature: _____

S.M.H.A Use Only

Fee Applied: _____	Date Received: _____
% Applied: _____	Approved By: _____
Admin Fee: \$50.00	Date Mailed: _____
Refund Amount: _____	
Cheque #: _____	