



Vancouver Minor Hockey Association Refund Request Policy

1. It is the responsibility of the parent to apply for a refund by submitting the Refund Request Form to the registrar.
2. All refund amounts will be determined based on the date received.
3. All requests are subject to a \$50 administration fee.
4. There will be no refunds for any player currently serving a suspension from Vancouver Minor Hockey Association (VMHA), Pacific Coast Amateur Hockey Association (PCAHA), BC Hockey or Hockey Canada.
5. A refund will not be issued if the player has monies owing to the Association.
6. Please allow up to two (2) weeks for processing of the refund.
7. Once refund request has been submitted the player will not be able to participate for the remaining of the season.

The amount of refund will be determined as follows

1. Refunds requested by August 15th will be given a full refund minus a \$50 administration fee.
2. Refunds requested before September 30th will be refunded 75% of the registration fee.
3. Refunds requested before October 31st will be refunded 50% of the registration fee.
4. Refunds requested before November 30th will be refunded 25% of the registration fee.
5. Refunds requested after November 30th, no refund will be given.

Once completed, refund requests must be sent to the Registrar at registrar@vmha.com



Vancouver Minor Hockey Association Refund Request Form

Form must be completed in full and submitted to registrara@vmha.com before the refund deadline date

Refund structure is as noted below:

1. Refunds requested by August 15th will be given a full refund minus a \$50 administration fee.
2. Refunds requested before September 30th will be refunded 75% of the registration fee.
3. Refunds requested before October 31st will be refunded 50% of the registration fee.
4. Refunds requested before November 30th will be refunded 25% of the registration fee.
5. Refunds requested after November 30th, no refund will be given.

Player's Name:	Date of Birth:
Division Registered in:	
Payee/Parent's Name:	
Payee/Parent's Address:	
City:	Postal Code:
Reason for Refund:	

Payee/Parents' Signature: _____