



# Vancouver Minor Hockey Association Jersey Deposit Refund Request Form

Form must be completed in full and submitted to [registrar@vmha.com](mailto:registrar@vmha.com)

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

Payee/Parents'

Signature: \_\_\_\_\_