



SEERA REGISTRATION REFUND FORM

Please refer to the Refund Policy under the Registration section on www.seerahockey.ca website to review the full Refund Policy. Late fees are non-refundable.

Completed and Signed Refund Forms to be emailed to: seeraadmin@shaw.ca

Players Name: _____

Players Mailing Address: _____ Postal Code: _____

Registered Division:

- U15 2010-2011 Birth Year
- U18 2007-2009 Birth Year

Parents Name: _____ Phone (Cell): _____

Mailing Address for Refund: _____

Email: _____

Refund Justification:

- No longer interested in playing.
- Medical/Injury (Doctors Note is Required)
- Released to play in a different association.
- Other

Parent Signature: _____ Date Submitted: _____