



**2021/2022 REQUEST FOR REFUND FORM**  
**NORTHUMBERLAND MINOR HOCKEY ASSOCIATION**  
750 D'Arcy St., Cobourg, ON K9A 0G1  
[www.northumberlandminorhockey.com](http://www.northumberlandminorhockey.com)

Player's Name:			
Parent's Name:			
Address:			
Phone:		Email:	
Email:			
Division and Team:			
Reason:			

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Please review our refund policy and submit your completed application to NMHA Registrar at [registration@northumberlandminorhockey.com](mailto:registration@northumberlandminorhockey.com)*

OFFICE USE ONLY

Date Received: \_\_\_\_\_

Requested:

Approved

Denied