



Northumberland Minor Hockey
750 D'Arcy St, Cobourg, ON K9A 0G1
www.northumberlandminorhockey.com

Request For Refund

Players Name:

Parents Name:

Address:

Phone: (Res) (Cell)

Email:

Division:

Reason for refund:

Parents Signature: _____

NMHA will refund registration fee based on date received.

1. Withdrawal for medical reasons with Doctor's certificate will not be charged the admin fee.
2. All other refund requests will be subject to a \$50 administrative fee.
3. Please review full refund policy at www.northumberlandminorhockey.com

Submit your completed application to:

NMHA Registrar at:
registration@northumberlandminorhockey.com

Or Drop off to the Cobourg Community Centre 750 D'Arcy St, Cobourg, ON K9A 0G1

Office Use Only

Request: Approved Denied Date Received