



2024/2025 REQUEST FOR REFUND FORM
NORTHUMBERLAND MINOR HOCKEY ASSOCIATION
750 D'Arcy St., Cobourg, ON K9A 0G1
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

OFFICE USE ONLY	
Date Received:	_____
Requested:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>