Centre Wellington Minor Lacrosse Association

Registration Refund Request

PLAYER NAME:	DIVISION:	
ORIGINAL PAYEE NAME:		
MAILING ADDRESS:		
CONTACT PHONE:	EMAIL:	

REASON FOR REFUND:

Refund Policy

Refunds are given as follows:

a) Full refund less \$35.00 OLA mandatory insurance fee, late and NSF fees up to and including April 5th

b) 50% refund less \$35.00 OLA mandatory insurance fee, late and NSF fees from April 6th up to and including April 20th

c) 25% refund less \$35.00 OLA mandatory insurance fee, late and NSF fees from April 21st up to and including April 30th

d) No refund given after April 30th, except for medical reasons. Refunds will be decided by the General Executive if extenuating circumstances arise. These will be presented only at monthly meetings.

ection to be filled out by C	WWERCHIY	
Registrar Notified	Treasurer Notified	President Approval
CWMLA Player #	Pulled OLA Form	OLA Database Updated
Payment Type	Original Payment	Cheque Cleared
Refund Amount	Cheque Issued Yes No	Cheque # issued