



Flin Flon Minor Hockey Association
PO Box 862
Flin Flon, Manitoba
R8A 1N6

Request for Refund Policy and Procedure

Players Name: _____

Parents Name: _____

Address: _____

Phone: (Res) _____ (Cell) _____

Email: _____

Division: _____ Reason for refund: _____

Parents Signature: _____

FFMHA will refund registration fee upon application to the Association under the following considerations:

1. Withdrawal for medical reasons with Doctor's certificate.
2. Transfer to another community outside of FFMHA jurisdiction.
3. Withdrawal for any other reason will be considered by the Executive on a case by case basis until November 15th of the current hockey season.
4. No applications will be considered after January 10th of the current hockey season.
5. A \$35 handling fee will apply to all refunds.

Submit your completed application to

Amber Mucha - Registrar PO Box 862 Flin Flon, MB R8A 1N6

Or by E-Mail

registrarffmh@gmail.com

Office Use Only

Request: ☐ Approved ☐ Denied

