

USA HOCKEY'S TRANSFER/REFUND POLICY FOR CLINICS LEVEL 1, 2, 3 & 4

- Registrants for Levels 1-3 will be allowed to transfer their clinic fee to another posted, open clinic before the start of the originally scheduled clinic. We are unable to “hold” registration fees. You must select a clinic to transfer to or apply for a refund. Transfers can only occur between clinics of the same level and only to clinics held during the same clinic season.
 - You can transfer yourself from your usahockey.com user profile. When you are logged in, click on My Profile at the top of the page, click on crossing arrows icon next to your clinic registration, select the new clinic, click on Transfer button to complete transaction
- Level 4 clinic fees are non-transferable and will be subject to the refund rules below.
- A processing fee of \$10 will be deducted from all credits/refunds.
- A full refund, minus the processing fee, will be granted if requested in writing before the start of the original clinic.
- No refunds or transfers will be granted if the request is made after the originally scheduled clinic has started.
- ALL REFUND REQUESTS REQUIRE THE DATE OF THE ORIGINAL ONLINE TRANSACTION DATE AND THE PAYPAL ORDER NUMBER. Both of these items are found on the Clinic Confirmation Receipt you receive immediately after registering. You are asked to print out this receipt and keep for your records. NO REFUNDS WILL BE PROCESSED WITHOUT THIS RECEIPT.

USA HOCKEY COACHING CLINIC REFUND

Please provide ALL information requested below. Per the Refund Policy found on the Coaching Clinic page at www.usahockey.com, incomplete forms will not be processed for refunds. Return completed form to Alison Raines via fax at 719-538-1160 or e-mail at alisonr@usahockey.org

Refund Process: Once you submit the form, your name will be removed from the clinic registration page. You will receive a message stating your registration has been deleted. There is no need to contact Alison Raines if you have already submitted this form. The refund form is then sent to accounting for processing. It can take 5-7 business days for your credit to process through the banking system. Please check with your credit card company to determine the credit status.

Today's Date: _____

FULL NAME: _____

Date of Online Transaction (**REQUIRED**): _____

PayPal Order #/Transaction ID (**REQUIRED**)

(this is a 12-character number found on your original receipt):

Clinic Date: _____ Clinic Level: _____

Clinic City/State: _____ Clinic Fee: _____

REASON FOR REFUND: _____

CREDIT CARD INFORMATION

_____ MasterCard _____ VISA _____ Discover _____ American Express

Expiration Date _____/_____

Card Number: _____ - X X X X - X X X X --

(Must have both the first four and last four digits)

Daytime phone number: _____

ACCOUNTING DEPARTMENT'S USE ONLY

Confirmation #: _____ Reference #: _____

Account # _____