



COON RAPIDS YOUTH HOCKEY ASSOCIATION

REFUND POLICY

A refund should be requested by completing a Refund Request Form to document the date that a player has stopped playing and to insure a timely refund to the player. It is the parent's responsibility to initiate a refund request. The amount of refund is dependent upon the last day of participation as documented by the coach or appropriate director and varies according to level of play. The completed Refund Request Form should be sent to Jenny Moe, Registrar, 11904 Marigold Street NW, Coon Rapids, MN 55433.

A \$20.00 processing fee will apply to all refunds.

PERCENTAGE OF REFUND

Members of Traveling Teams:

100% refund prior to the start of tryouts, less the processing fee.

Once tryouts begin, any refund will depend on the last date the player is on the ice, less the processing fee and any incurred expenses, including ice time. This policy applies to all traveling members and for all those trying out for other teams (*i.e.* High School).

Once teams have been formed and the rosters have been signed by District 10, there will be no refunds.

Mite/8U:

100% refund prior to the start of skills, less the processing fee.

Once evaluations begin, any refund will depend on the last date the player is on the ice, less the processing fee and any incurred expenses, including ice time.

Once teams have been formed and the rosters have been signed by District 10, there will be no refunds.

First Year Mite/8U:

The skills sessions are free for first time participants.

100% refund prior to Evaluation, less the processing fee.

80% refund between Evaluation and the date the rosters are signed by District 10, less the processing fee.

Once rosters have been signed by District 10, there will be no refunds.

All loaned CRYHA equipment must be returned prior to any refund being given.



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REFUND REQUEST FORM

Send Completed Form to the Coon Rapids Youth Hockey Association Registrar

Player's Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Level of Play/Team _____ Coach _____

Last Day the Player Participated _____

Reason Play Can No Longer Participate _____

Does the Player Have CRYHA Equipment _____

All Equipment must be returned prior to receiving refund.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

CRYHA Use:

Date Received _____

Equipment Returned _____

Date Forwarded to Treasurer _____

Amount To Be Refunded _____

Amount Owed CRYHA _____

Refund Check No. _____

Notes: _____