

**Clinton Comets Youth Hockey Association, Inc.**  
**Request for Refund Form**

Please fill out this form and return via mail to:

Clinton Comets Youth Hockey Association, Inc.  
Attn: Registrar  
PO Box 312  
Clinton, NY 13323

Players Name:					
Division Registered In:					
Payee/Parent's Name:					
Payee/Parents Address:					
City:		State:		Zip:	
Reason for Refund:					

**Refund Structure: Mites – Midget Full Year**

A \$50 administration fee will be assessed to ALL registration refunds.

- 100% fees refunded (minus administration fee) before October 1st.
- 75% fees refunded (minus administration fee) before November 1st.
- 50% fees refunded (minus administration fee) before December 1st.
- NO refunds will be issued after December 1st.

**Refund Structure: Midget Wrap**

A \$50 administration fee will be assessed to ALL registration refunds.

- 100% fees refunded (minus administration fee) before August 1<sup>st</sup>.
- 75% fees refunded (minus administration fee) before August 15<sup>th</sup>.
- 50% fees refunded (minus administration fee) before September 1<sup>st</sup>.
- NO refunds will be issued after September 1<sup>st</sup>.

Payee/Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***CCYHA, Inc. Use Only:***

Fee Paid:	Date Received:
% Applied:	Approved By:
Admin Fee: \$50	
Refund Amount:	
Check #:	Date Mailed:

*\*Please review CCYHA's financial policies for further information.*