



Halton Hills Minor Lacrosse Association

PO Box 30029 MOUNTAINVIEW • 333 Mountainview Road South • Georgetown ON L7G 6J8

Refund Request Form

Please send the completed form and your original Registration Receipt to the PO Box address above

Paid By: _____

Receipt Number: _____

Receipt Date: _____

Child Name: _____

Child Date of Birth: _____ **MM / DD / YYYY**

I, the Original Payee, am requesting a refund for the child named above from the following programs

Grey out areas are for HHMLA Use ONLY

X	Program	Fees Paid	Admin Fee	Credit
<input type="checkbox"/>	Field Lacrosse	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Box Lacrosse	\$ _____	\$ _____	\$ _____
Discounts				<\$ _____ >
Total Refund				\$ _____

Notes:

Rep Tryout Cards are non refundable

Any Discounts received will be debited from any approved program credit

An Admin charge set by the HHMLA is applied to each refunded program if requested prior to the start of the program

No Refund Request will be processed after the commencement of the program *unless* supported by an independent medical professional

Return Address

Address: _____

Town: _____

Postal Code: _____

Requester _____
Name Signature Date

Please allow 4-6 weeks for refunds to be processed

If the original method of payment was Cash or Cheque, the refund will issued via a cheque

If the original method of payment was Credit Card, the refund will be issued on the original card