



ST. CATHARINES MINOR LACROSSE ASSOCIATION
600 Lakeshore Road, P.O Box 27002
St. Catharines, Ontario L2N 7P8
scmlatreasurer@gmail.com

REFUND REQUEST FORM

PLAYER NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

PROGRAM: ☐ Girls Field ☐ Boys Field ☐ Box - Rep ☐ Box - House League ☐ Girls Box

DIVISION: ☐ Paperweight ☐ U9 ☐ U11 ☐ U13 ☐ U15 ☐ U17 ☐ U22

REASON FOR REQUEST: _____

CHEQUE TO BE MADE PAYABLE TO: _____

REFUND REQUESTED BY (Please Print): _____

SIGNATURE: _____ DATE: _____

REFUND POLICY

- This refund request form must be completed for all refunds of registration fees.
- Refund requests will NOT be accepted by telephone. The completed form may be submitted by mail or email.
- All refunds will be issued by cheque or back to the credit card on file.
- Refunds will be given to players cut by Field or Box teams. Box players will first be offered the opportunity to play house league.
- Administration fees cover costs including OLA insurance which is paid at the time of registration and not refundable to SCMLA.
- The following administration fees and cut-off dates are applicable to ALL refunds:

Program	\$50 Admin Fee	\$75 Admin Fee
Minor Field	By March 1	March 2 and later
Girl's Field	By February 23	February 24 and later
Rep Minor Box	By April 20	April 21 and later
Houseleague	By March 31	April 1 and later
Girls Box	By June 1	By June 2

- Refund requests based on injury must be accompanied by a doctor's note and will be assessed on an individual basis.
- No refund will be given after June 15 of any season.