



Morgantown

Hockey Association

PO Box 154, Dellslow, WV 26531-0154



REQUEST FOR WAIVER / REFUND OF FEES

Participant: _____

Address: _____

City, St. / Zip: _____

Phone: _____

Date: _____

**Fees to be
waived or
refunded:** _____

Justification: _____

You may be requested to present this at a Board of Directors meeting for approval. When you present this to the board, please be prepared to explain the justification for your request. This form has to be returned to the MHA Treasurer 7 days before the next Board of Directors meeting. Approval of the Board of Directors is required for any waiver / refund of fees.

You may also scan and submit your request electronically to:
treasurer@morgantownhockey.com