



HAMILTON LACROSSE ASSOCIATION
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REFUND REQUEST FORM

**PRIOR TO COMPLETING THIS FORM, PLEASE READ THE HLA REFUND POLICY ON
OUR WEB SITE**

PLAYER NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

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

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

REASON FOR REQUEST: _____

EMAIL FOR E-TRANSE OF REFUND: _____

REFUND REQUESTED BY (Please Print): _____

SIGNATURE: _____ DATE: _____