



Application to Withdraw Form

Contact Information

Mother _____ Player(s) _____
 Father _____
 Phone Number _____

Current Team Information

Level (U7, U9, etc.) _____
 Coach's name (if app.) _____

Reason for Withdrawing

Refund Option: Credit Card Used When Registered Cheque Mailed

Forwarding Address

Mailing Address _____
 City _____
 Province _____
 Postal Code _____

OFFICE USE ONLY

Release Form completed & signed? Yes No

Bingo credits earned (This does not include the required Bingo)

Played Ice Time (in weeks)

Pro-rated Registration Refund Amount \$

ENDORSED BY:

Registrar _____

Date Completed _____