



**Flin Flon Minor Hockey Association**

PO Box 862  
Flin Flon, Manitoba  
R8A 1N6

**Request for Refund Policy and Procedure**

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Res) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Division: \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

FFMHA will refund registration fees upon application to the Association under the following considerations:

1. Withdrawal for medical reasons with Doctor's certificate.
2. Transfer to another community outside of FFMHA jurisdiction.
3. Withdrawal for any other reason will be considered by the Board on a case by case basis until November 15th of the current hockey season.
4. The Refund Application form must be completed and submitted to the FFMHA Treasurer. No applications will be considered after January 10 of the current hockey season.
5. A \$35 handling fee will apply to all refunds.
6. Refunds will be prorated.

Submit your completed application to:

treasurerffmh@gmail.com

**Office Use Only**

Request: Approved  Denied