



Refund Request Form Gloucester Lacrosse Association

Player Information

Player Name

Division / Age Group

Team (if assigned)

Parent / Guardian Information

Parent/Guardian Name(s)

Mailing Address

City, Province

Postal Code

Phone Number

Email Address

Refund Details

Reason for Refund / Withdrawal

Make cheque payable to

Important Acknowledgements (Required)

I understand and acknowledge that **\$100 of the registration fee is non-refundable** and covers Lacrosse Canada, OLA, and administrative costs.

I understand that any refundable portion of fees may be prorated based on the date the request is received.

I understand that all decisions of the GLA Board of Directors regarding refunds are final.

Signature

Parent/Guardian Signature

Date

ADMINISTRATION USE ONLY

Initial Payment Verified By	
Date Processed in Accounting System	
Cheque #	
Amount	
Processed in RAMP System By	
Date Processed	

