

Clinton Youth Hockey
Request for Refund



Please fill out this form in order to receive a refund. A separate form is to be submitted for each player for which you are requesting a refund. When complete, mail to:

Clinton Youth Hockey
Attn: Registrar
PO Box 312
Clinton, NY 13323

The refund structure will be as follows after registration:

- A \$50 administration fee will be assessed to ALL registration refunds.
- 100% fees refunded (minus administration fee) before October 1st.
- 75% fees refunded (minus administration fee) before November 1st.
- 50% fees refunded (minus administration fee) before December 1st.
- NO refunds will be issued after December 1st.

Player's Name:	
Division Registered In:	
Payee/Parent's Name:	
Payee/Parent's Address:	
City:	Zip Code:
Reason for Refund:	

Payee/Parents' Signature: _____

CYH Use Only:

Fee Paid:	Date Received:
% Applied:	Approved By:
Admin Fee: \$50	
Refund Amount:	
Check #	Date Mailed: