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# AMBUSC PLAYER REFUND FORM

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**Child/ Player Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Division (if known): Mini Youth Competitive

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**Parent/Guardian:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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Reason for refund:

\_\_\_\_\_

\_\_\_\_\_

Signed:

Date:

\*Eligible refunds will be returned to all applicants in Mini and Youth Divisions, minus a \$20 administration fee

Please Email to :

[treasurer@ambusc.ca](mailto:treasurer@ambusc.ca)