
AMBUSC PLAYER REFUND FORM

Child/ Player Name: _____

Age: _____ Amount Paid: \$ _____

Division (if known): Mini Youth Competitive

Parent/Guardian: _____

Mailing Address: _____

Home Phone: _____

Reason for refund:

Signed:

Date:

*Eligible refunds will be returned to all applicants in Mini and Youth Divisions, minus a \$25 administration fee

Please Email to :

treasurer@ambusc.ca