

COON RAPIDS YOUTH HOCKEY ASSOCIATION REFUND POLICY

A refund should be requested by completing a Refund Request form to document the date that a player has stopped playing and to insure a timely refund to the player. It is the parent's responsibility to initiate a refund request. The amount of refund is dependent upon the last day of participation as documented by the coach or traveling director and varies according to level of play. The completed Refund Request form should be sent to Heidi Keller, Registrar, 11904 Marigold Street, NW, Coon Rapids, MN 55433.

The \$40 Association Fee is non-refundable.

PERCENTAGE OF REFUND

Members of Traveling Teams:

100% refund prior to the start of tryouts.

Once tryouts begin, any refund will depend on the last date the player is on the ice, less the association fee, and any incurred expenses including ice time. All loaned CRYHA equipment must be returned prior to any refund being given. This policy applies to all traveling members and for all those trying out for other teams (*i.e.* High School). Once teams have been formed and the rosters have been signed by District 10, there will be no refunds.

Mite/8U:

100% refund prior to the start of skills

Once evaluations begin, any refund will depend on the last date the player is on the ice, less the association fee, and any incurred expenses including ice time. All loaned CRYHA equipment must be returned prior to any refund being given.

Once teams have been formed and the rosters have been signed by District 10, there will be no refunds.

First Year Mite/8U: The skills sessions are free for first time participants.

100% refund prior to evaluation Sunday

80% refund between Evaluation Sunday and the date the rosters are signed by District 10.

Once rosters have been signed by District 10, there will be no refunds.

**COON RAPIDS YOUTH HOCKEY ASSOCIATION
REFUND REQUEST FORM**

Send Completed Form to the Coon Rapids Youth Hockey Association Registrar.

Player's Name _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian Name _____ **Contact Phone #** _____

Parent/Guardian Name _____ **Contact Phone #** _____

Name/Address the refund should be sent if different from above:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Level of Play/Team _____ **Coach** _____

Last Day the Player Participated _____

Reason Player Can No Longer Participate _____

Parent/Guardian's signature _____ *Date* _____

Parent/Guardian's signature _____ *Date* _____

CRYHA Use:

Date received _____ Cancellation confirmed _____

Amount to be refunded _____ Amount Owed _____

Date Forwarded to Treasurer _____

Refund Check No. _____ Date Notice of Refund or Amount Owed sent _____

Notes: _____