

South Delta Minor Hockey Association

Player Cancellation Form

Hard Copy Format

Name _____

Division _____

Date of Birth _____

E-Mail _____

Date* _____

Jersey Returned _____

Coach Name _____

Team Name/# _____

I understand that cancellations will only be accepted until December 31 and that after August 1 there will be a \$25 nonrefundable administration fee deducted from my refund. Refunds will be prorated between the date of September 1 and December 31. I also understand that should above player request to re-register he/she may be placed on to a waiting list.

Signature of Parent /Guardian

*The Date of Submission will be noted as the official date of cancellation (as noted in the email that will be generated when you submit this form.

We must receive a copy of this by Mail or Fax. To start the process be sure to complete the online form at www.southdeltahockey.com/cancel.htm.

SDMHA,
Box 247,
Delta, BC,
V4K 3N7
Fax: 604-948-3418