- REQUEST FOR REFUND -

"TEAM"/"ASSOCIATION" FINANCES **2009/2010**

TEAM / ASSOCIATION NAME: _____

TEAM / ASSOCIATION CONTACT: _____

TEL: ( ) _____ FAX: ( ) _____ Cell: _____

Email: _____

	*Team ID #	Division	Category	Refund Amount Requested	Reason for Refund Request	Office Use Only + / -
1				$		
2				$		
3				$		
4				$		
5				$		
6				$		
7				$		
8				$		
9				$		
10				$		
			TOTALS	**$**		

* Team ID # Number can be found at the lower right corner of the "Intent to Register" (ITR) form.

Please make cheque payable to: _____

Please send cheque c/o:

Name: _____ Date: _____

Address: _____

City/Town _____ Postal Code: _____

Phone: H ( ) _____ B ( ) _____

C ( ) _____ F ( ) _____

Email: _____

THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM/ASSOCIATION APPLYING FOR PAYMENT REFUND.

I, _____*, of the* _____ *team/association verify that the above information is correct and that there are no current payables due to the OWHA by any the above noted team or teams in the above-noted association.*

_____ _____ _____

Applicant's Position *Signature* *Date*

#3–5155 Spectrum Way, Mississauga, Ontario L4W 5A1 Tel: 905-282-9980 Fax 905-282-9982
Email info@owha.on.ca **www.owha.on.ca**