- REQUEST FOR REFUND -

"TEAM"/"ASSOCIATION" FINANCES **2011/2012**

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	**$**		

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*

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Email registrar@owha.on.ca **www.owha.on.ca**