



**GREATER SUDBURY LACROSSE ASSOCIATION**  
[rockhoundslacrosse@gmail.com](mailto:rockhoundslacrosse@gmail.com)

**REFUND REQUEST FORM**

**N.B. Prior to completing this form please read the  
GSLA Refund Policy found on our website. [www.sudburyrockhounds.com](http://www.sudburyrockhounds.com)**

PLAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROGRAM:  House League

Rep League

DIVISION:  Paperweight

Tyke

Novice

PeeWee

Bantam

Midget

Intermediate

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHEQUE TO BE MADE PAYABLE TO: \_\_\_\_\_

REFUND REQUESTED BY (Please Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_