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# AMBUSC PLAYER REFUND FORM

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**Child/ Player Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Refund Amount: \$ \_\_\_\_\_

Division (if known):    Mini            Youth            Competitive

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**Parent/Guardian:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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Reason for refund:

\_\_\_\_\_

\_\_\_\_\_

Signed:

Date:

\*Full refunds will be returned to all applicants in Mini and Youth Divisions, minus a \$20 administration fee

\*\*Partial refunds will be returned to applicants in the U16 competitive Division

Please Mail to :

AMBUSC  
P.O. Box 171  
Arnprior, Ontario  
K7S 3H4  
[info@ambusc.ca](mailto:info@ambusc.ca)