

# **FARMINGTON HILLS ADULT HOCKEY ASSOCIATION**

To: Association President  
P. O. Box 3357  
Farmington Hills, Mi. 48333  
CC: FHAHA Board of Directors

Subject: Request for Credit of Ice Fees

I am requesting a credit of funds paid for ice time for the following reasons: (circle reason and fill in blank areas.)

1. I was injured on \_\_\_\_\_ and was unable to skate for that reason.  
I returned or will return on \_\_\_\_\_.
2. I have been hospitalized and/or have a health concern that prevents me from being able to participate in this hockey program for a period of time starting \_\_\_\_\_ but will be able to return on \_\_\_\_\_.
3. I have been required to relocate to another part of the country and will no longer be able to participate in this hockey program effective \_\_\_\_\_
4. Other \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_  
Please Print

Team \_\_\_\_\_ Division \_\_\_\_\_ Phone No \_\_\_\_\_

Was uniform returned? Yes \_\_\_ No \_\_\_ No; returned from injury \_\_\_

Coaches or Directors comments \_\_\_\_\_

Send completed form to the Farmington Hills Adult Hockey Association, P. O. Box 3357, Farmington Hills, Michigan 48333.

No refunds will be approved until your uniform has been returned.

The Board of Directors will review your request and advise you of their decision.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ date \_\_\_\_\_  
Association President