

FARMINGTON HILLS ADULT HOCKEY ASSOCIATION

To: Association President
P. O. Box 530070
Livonia, Mi. 48153.

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 _____ **Coach** _____ **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 530070, Livonia, Michigan 48153. 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