

**MONCTON FOOTBALL ASSOCIATION**

**REFUND REQUEST**

Players Name \_\_\_\_\_ Team \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

Please indicate reason for refund \_\_\_\_\_

**Date of Registration** \_\_\_\_\_ **Please Attach receipt** (photocopy)

**Method of Payment** \_\_\_\_\_

EQUIPMENT RETURN:

**Date of return** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Equipment officer** \_\_\_\_\_  
(Please print)

Once **COMPLETED**, form must be sent to:

The Moncton Football Association  
P.O. Box, 373  
Moncton, NB  
E1C 8L6

Or fax to 506.857.9816

**ANY** form that does not have all requested information will be discarded.

Thanks  
Treasurer