

USA HOCKEY COACHING CLINIC REFUND

Please provide ALL information requested below. Per the Refund Policy found on the Coaching Clinic page at www.usahockey.com, incomplete forms will not be processed for refunds. Return completed form to Alison Raines via fax at 719-538-1160 or e-mail at alisonr@usahockey.org

Refund Process: Once you submit the form, your name will be removed from the clinic registration page. You will receive a message stating your registration has been deleted. There is no need to contact Alison Raines if you have already submitted this form. The refund form is then sent to accounting for processing. It can take 5-7 business days for your credit to process through the banking system. Please check with your credit card company to determine the credit status.

Today's Date: _____

FULL NAME: _____

Date of Online Transaction (**REQUIRED**): _____

Online Transaction ID (**REQUIRED**) (this is found on your original receipt you were instructed to print out and keep for your records): _____

Clinic Date: _____ Clinic Level: _____

Clinic City/State: _____ Clinic Fee: _____

REASON FOR REFUND: _____

CREDIT CARD INFORMATION

_____ MasterCard _____ VISA

Expiration Date _____/_____

Card Number: _____
- X X X X - X X X X --
(Must have first four and last four digits)

Daytime phone number: _____

ACCOUNTING DEPARTMENT'S USE ONLY

Confirmation #: _____ Reference #: _____

Account # _____