



SOUTH FRASER FIELD LACROSSE ASSOCIATION
MEMBERSHIP CANCELLATION FORM

All refunds are subject to a \$25.00 processing fee.

Full refund (less \$25.00) on membership cancellations received by the Registrar up to October 1.
No refund on membership cancellations received after October 1.

Name of the Player: _____

Division: (circle one) U8 / U10 / U12 / U14 / U16 / U19

Name of Parent(s): _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Amount Paid (please provide proof, copy of cheque or registration receipt): \$ _____

Reason for Cancellation/Refund: _____

Signature of Registrar

Date

Signature of Parent

Date

SFFLA Office Use Only	
Date Received: _____	Cheque # Issued: _____
	Date Mailed: _____