

## **USA HOCKEY'S TRANSFER/REFUND POLICY FOR CLINICS LEVEL 1, 2, 3 & 4**

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- Registrants for Levels 1-3 will be allowed to transfer their clinic fee to another posted, open clinic before the start of the originally scheduled clinic. We are unable to “hold” registration fees. You must select a clinic to transfer to or apply for a refund. Transfers can only occur between clinics of the same level and only to clinics held during the same clinic season.
  - You can transfer yourself from your usahockey.com user profile. When you are logged in, click on My Profile at the top of the page, click on crossing arrows icon next to your clinic registration, select the new clinic, click on Transfer button to complete transaction
- Level 4 clinic fees are non-transferable and will be subject to the refund rules below.
- A processing fee of \$10 will be deducted from all credits/refunds.
- A full refund, minus the processing fee, will be granted if requested in writing before the start of the original clinic.
- No refunds or transfers will be granted if the request is made after the originally scheduled clinic has started.
- **ALL REFUND REQUESTS REQUIRE THE DATE OF THE ORIGINAL ONLINE TRANSACTION DATE AND THE PAYPAL ORDER NUMBER.** Both of these items are found on the Clinic Confirmation Receipt you receive immediately after registering. You are asked to print out this receipt and keep for your records. **NO REFUNDS WILL BE PROCESSED WITHOUT THIS RECEIPT.**

# 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](http://www.usahockey.com), incomplete forms will not be processed for refunds. Return completed form to Julie Rebitski at [julier@usahockey.org](mailto:julier@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 Julie 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)**: \_\_\_\_\_

Order #/Transaction ID **(REQUIRED)**

(this is a 12-character number found on your original receipt):

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Clinic Date: \_\_\_\_\_ Clinic Level: \_\_\_\_\_

Clinic City/State: \_\_\_\_\_ Clinic Fee: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

## CREDIT CARD INFORMATION

\_\_\_\_\_ MasterCard    \_\_\_\_\_ VISA    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card number: **First 4 numbers** \_\_\_\_\_ **Last 4 numbers** \_\_\_\_\_

Expiration Date \_\_\_\_\_/\_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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## ACCOUNTING DEPARTMENT'S USE ONLY

Confirmation #: \_\_\_\_\_ Reference #: \_\_\_\_\_

Account # \_\_\_\_\_