

CANCELLATION FORM

Hockey Talent Select Team (U16 / U15 / U13) Riga Cup 2026 – Player Withdrawal Request

1. PLAYER INFORMATION

Player's Full Name: _____ Date of Birth: _____

Team Category (choose one):

☐ U16 ☐ U15 ☐ U13

Parent/Guardian Name (if applicable): _____

Email Address: _____ Phone Number: _____

2. CANCELLATION DETAILS

Reason for Cancellation (choose one):

☐ Injury (medical documentation required)

☐ Illness (medical documentation required)

☐ Personal or family reasons

☐ Other: _____

Requested Cancellation Date: ____ / ____ / 2026

Will another family member cancel their participation as well? ☐ Yes ☐ No

3. BANK DETAILS FOR REFUND

Account Holder Name: _____

IBAN: _____

SWIFT/BIC: _____

4. CANCELLATION POLICY

In case of injury or illness:

- Medical documentation required
- Refund possible if your spot is filled by a player from the waiting list
→ Full refund minus €50 processing fee per person

Standard cancellation rules:

- Cancellation by January 18, 2026 → Full refund minus €50 processing fee
- Cancellation by February 8, 2026 → 75% refund
- Cancellation by March 1, 2026 → 50% refund
- Cancellation by March 15, 2026 → 25% refund
- After March 15, 2026 → No refunds

By signing below, I confirm that I have read and understood the cancellation policy.

5. CONFIRMATION

Signature (Player or Parent/Guardian):

Date: ____ / ____ / 2026

SUBMISSION INSTRUCTIONS Please send the completed form to:  hockey.hta2005@gmail.com