



**ST. GABRIEL'S CYO REFUND SHEET**

Name \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_

Sport \_\_\_\_\_

Refund \$65.00 \_\_\_\_\_ less \$12.00 team entry \_\_\_\_\_ less \$ 12.00 player entry

Reason for refund?

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