



Registration REFUND Request

Date: _____

Parent/Guardian Name _____

Address: _____

Home Phone: _____ Cell Phone: _____

Requesting Refund for the follow player(s):

Player Name: _____

Age Division: U6 U8-U19

Reason: _____

Player Name: _____

Age Division: U6 U8-U19

Reason: _____

Player Name: _____

Age Division: U6 U8-U19

Reason: _____

Parent/Guardian filling out form

Office Area ONLY

Board Approved Refund: _____ Denied: _____

Total Refund: _____ (Original Amt \$ _____ minus \$5.00 Process Fee)

Registrar Updates ActiveNet: _____ initial: _____

Registrar OR Treasurer Returned OR Issued Check # _____ Date: _____

Notes: