



Refund Request

Date Requested _____ Sport _____

Person Requesting Refund _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

Child's Name _____

School _____ Grade _____ Coach _____

Reason for Refund Request _____

Shirt or Jersey Received? Yes No Shirt/Jersey Returned? Yes No

Original Form of Payment:

- Cash
- Check
- Money Order
- Credit Card (in office or over telephone)
- Credit Card (online)

Invoice # _____ Credit Card # _____ Exp. Date _____

Did you receive assistance or use a voucher for any of this fee? Yes No

If yes, what was the total value of the financial assistance and/or voucher \$ _____

Printed name of person requesting this refund _____

Signature of person requesting this refund _____

For Office Use Only

Amount Paid \$ _____ Grant/Assistance Amount \$ _____ Amount Refunded _____

Staff Initials _____