

# Request For Refund Form

## Requestor Space

DATE: \_\_\_\_\_

Name of Individual Requesting Refund \_\_\_\_\_

Please Print Requestor's Name above

Name of Child Refund is requested for \_\_\_\_\_

Please Print Child's Name above

Child's Team

Cheer Flag  MM  JPW  PW  JMid  Mid

Football Flag  MM  JPW  PW  JMid  Mid

If second child:

Name of Child Refund is requested for \_\_\_\_\_

Please Print Child's Name above

Child's Team

Cheer Flag  MM  JPW  PW  JMid  Mid

Football Flag  MM  JPW  PW  JMid  Mid

Reason for Request: \_\_\_\_\_

Amount Paid To date

Payment made via

Cash  Check  Check No. \_\_\_\_\_

\$

Less Non-refundable Deposit

75.00

Amount of Refund Requested

\_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Requestor Please sign above

By signing above you agree that all information provided is complete and accurate and that you are the individual that is due the refund requested.

## Treasurer Space

Refund approved Yes  No  Director of Football \_\_\_\_\_

Yes  No  Director of Cheer \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Refund processed on:

Other Notes: \_\_\_\_\_