



Request for Refund Form

"The Insurance Fee per player will be \$51.00."

All requests must be submitted to the Treasurer

Please print:

Player: _____

Requested by: _____

Current Team: _____

Phone: _____

Current Coach: _____

Email: _____

Date Requested: _____

Reason For Refund:

Office Use:

Received: _____

In Good Standing?: _____

Approved by: _____

Approved Date: _____

Registration Paid:	
Draw Tickets:	
Less Ins. Fee:	
Refund Amt:	