



Refund Request Form

Name of Child: _____

Primary Guardian Name on Account: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Reason for Request (attach separate sheet if desired)

Signature: _____ Date: _____

League Use Only:

Date Received: _____ Date Reviewed: _____ Approved: Y / N

Determination: _____

Refund Amount Approved: \$_____.