



## Request for Refund Form

"For the 2010-11 season, 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:

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**Office Use:**

Received: \_\_\_\_\_

In Good Standing?: \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved Date: \_\_\_\_\_

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