

Refund Request Form

Date of Request: ____/____/____

PAYEE'S NAME:	
ADDRESS:	
PHONE:	
E-MAIL:	
PARTICIPANTS NAMES:	
CLASS/SPORT # & NAME :	
RECIEPT#	

REASON FOR REFUND: _____

COST OF CLASS \$ _____ PATRONS SIGNATURE: _____

-----FOR OFFICE USE ONLY-----

ADMINISTRATION FEES:

\$ _____ (Cost of class/sport) - \$ _____ (Administrative Fee at 15% *classes* 25% *sports*
From Original Fee)

\$ _____ (_____ X _____ # of classes / camp attended)

\$ _____ (_____)

= \$ _____ Total inputted in computer on _____ By _____

Authorized Refund Amount \$ _____

Approved & Processed By: _____ Date ____/____/____