

# Refund Request Form

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>ADULT NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>CHILD'S NAMES:</b>	
<b>CLASS/ SPORT:</b>	
<b>CLASS# &amp; RECIEPT#</b>	

**REASON FOR REFUND:** \_\_\_\_\_  
\_\_\_\_\_

COST OF CLASS/SPORT \$ \_\_\_\_\_ PATRONS SIGNATURE: \_\_\_\_\_

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

## ADMINISTRATION FEES:

Classes: \$25.00       Sports: \$35.00       Other: \_\_\_\_\_

Reviewed By: _____	Date ____/____/____
Comments: _____	
Processed By: _____	Date ____/____/____

Authorized Refund Amount \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_