

REQUEST FOR REFUND

Fill in form completely and forward form to appropriate age group/advance competition director. Refund amount will be reduced by any fees already paid (i.e, registration fees, trophies, etc.).

AGE GROUP/DIVISION _____ / _____

TEAM (COACH NAME) _____

PLAYER NAME _____

PARENT'S NAME _____

PARENTS ADDRESS _____

REASON FOR REQUEST _____

To be filled in by AIYS:

AMOUNT OF REGISTRATION \$ _____

UNIFORM COST \$ _____

REGISTRATION FEE PAID \$ _____

REFUND AMOUNT \$ _____

DIRECTOR/REGISTRAR APPROVAL _____

TREASURER NOTES:

DATE ISSUED _____

TRANSACTION NUMBER _____

TRANSACTION AMOUNT \$ _____