



Refund Policy

Table with 2 columns: Condition (Prior to equipment fitting, Prior to Practice, After the start of Practice) and Refund Amount (100% of Registration, \$100.00, No Refund)

Exceptions:

Table with 2 columns: Exception (Player is over/under weight, Any medical reason, Rosters are full) and Refund Amount (100%, 100%, 100%)

All requests for refunds MUST be in writing and approved by the Football Director or Cheer Coordinator. NO REFUNDS will be issued after September 1st, of the year the registration was paid.

Please include the following information:

Date: \_\_\_\_\_ Participant: \_\_\_\_\_

Team Level: \_\_\_\_\_ Football/Cheer Coach Name: \_\_\_\_\_

Check will be issued to: \_\_\_\_\_

Please Mail refund check to: \_\_\_\_\_

Reason for Refund:

Over/Under Weight      Medical      Roster Full      Other: (Explain below)

\_\_\_\_\_  
\_\_\_\_\_

Official use only: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # issued: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Mailed: \_\_\_\_\_