

Refund Request Form – FCBC

Player Name: _____

Address: _____

City / State / ZIP: _____

League Refunded From (circle one)

Summer League

Pre-K Kindergarten 1st Grade 2nd Grade 3rd Grade
4th Grade 5th/6th Grade 7th/8th Grade 9th-11th Grade

Fall League

Kindergarten 1st/2nd 3rd/4th 5th/6th 7th/8th

Indoor League

Kindergarten 1st/2nd 3rd/4th 5th/6th 7th/8th

Reason for Refund Request:

Refund will be issued using your original source of payment. **Complete the following.**

Payable to:

Address:

E-mail Address:

City / State / ZIP:

Phone:

All refunds are assessed a \$25 admin fee. No refunds issued after rosters have been finalized for that season.

Signature of Person Requesting Refund

Date

For Office Use

Approved	Yes	No
Registration Fee Paid	\$ _____	
Processing Fee	\$ _____	
Refund Amount	\$ _____	