



## REFUND/PARTIAL PAYMENT REQUEST FORM

Player Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Team: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Order Date: \_\_\_/\_\_\_/\_\_\_      Order #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_      Date Paid: \_\_\_/\_\_\_/\_\_\_

Refund Request:    \_\_\_ Full    Partial: \_\_\_

**Please note: We may contact you to gather further details about your request.**

Please provide a detailed explanation of the reason(s) why you are asking for a refund or partial payment:

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Received by: \_\_\_\_\_      Date Received: \_\_\_/\_\_\_/\_\_\_

Approved:    \_\_\_ Yes    \_\_\_ No      If yes, amount approved: \_\_\_\_\_

Approved by: \_\_\_\_\_      Date: \_\_\_/\_\_\_/\_\_\_