



Registration REFUND Request

(Refunds are not granted after the first game has been played)

Date: _____

Parent/Guardian Name _____

Address: _____ Pierre / Ft. Pierre

Home Phone: _____ Cell Phone: _____

Requesting Refund for the follow player(s):

Player Name: _____

Age Division: U6 / U8-U12

Reason: _____

Player Name: _____

Age Division: U6 / U8-U12

Reason: _____

Player Name: _____

Age Division: U6 / U8-U12

Reason: _____

Parent/Guardian Signature

Office Area ONLY

Board Approved Refund: _____ Denied: _____

Total Refund: _____ (Original Amt \$ _____ minus \$5.00 Process Fee)

Registrar Updates ActiveNet: _____ initial: _____

Registrar OR Treasurer Returned OR Issued Check # _____ Date: _____

Notes: _____