

Athletic Fee Refund Request Form

Student Name _____

Parent Name _____

Address _____

School _____

Sport _____

Description (x) Did not make team _____

Quit Sport _____ (within trial period)

Injury _____

Other (please specify)_____

Athletic Department Use Only

Vendor Number: _____

ASN: _____

Refund Request: \$ _____

Original Payment Method (X)

Cash _____

Check _____

PaySchools _____

All equipment has been returned: YES _____

NO _____

Coach Signature _____

Date _____

AD Approval _____

Date _____

Or Middle School Athletic Coordinator

Business Department Approval: _____