



Anaheim Pony Baseball Refund Request

Date: _____

Player's Name: _____ Division: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Refund Amount: _____

Original Payment Date: _____ Check #: _____ MO/Cashier's Ck: _____

Reason For Refund: _____

For Board Use Only:

Original Payment Deposit Date: _____ Cleared Bank: Yes _____ No _____

Refund Amount: _____ Check #: _____

Refund Date: _____

Refund Approved By: _____ Refund Approved By: _____

*** The Player Agent and the Treasurer must approve all Refunds.

Refund Received By: _____ Date: _____

Mail completed form with a self-addressed stamped envelope to: Anaheim Pony Baseball, PO Box 1808, Anaheim, CA 92805