



4871 S. 136th St. • Omaha, NE • 68137
402.894.1331 • FAX: 402.763.9099

REQUEST FOR REFUND – Attn: Registration Coordinator

Sport _____ League (Age or Grade) _____

Team _____ Date _____

Player Name _____

Parent/Guardian Names _____

Home Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Reason for requesting refund:

Parent or Guardian Signature _____ Date _____

**City usage fees are not eligible for refund.
All refunds will have a \$40 admin fee deducted from refund amount.
All refunds must be received prior to Opening Day to receive a partial.
2012 Tackle football refund requests must be received by August 13 to be considered.**

Office Use Only

Player Inactivated in system? Yes No Date _____ By _____

Type of Refund Approved:

<input type="radio"/> Full Refund, less Administrative Fee	Registration Fee Paid	_____
<input type="radio"/> Partial Refund	Less Admin. Fee	_____ - \$40.00
<input type="radio"/> No Refund Approved	Less Other	_____
	Total Refund Due	_____

Reason for Partial or No Refund

Sport President Signature Date

Sport Vice President Signature Date

ROUTING LIST (initial):
Registration Coordinator _____
Sport Pres/VP _____
Bookkeeper _____