

FCBC

Request for Refund Form

Individual Player

Player Name _____

Address: _____

City/State/Zip: _____

League Refunded From: **(circle one)**

Summer League:

Pre -K Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade

5th & 6th Grade 7th & 8th Grade 9th—11th Grade Level III

Fall Ball League: 3rd/4th 5th/6th 7th/8th

Indoor League: Kindergarten 1st Grade 2nd Grade 3rd/4th 5th/6th 7th/8th

Reason for Refund Request:

If different Name for check than above, please provide name and mailing address of the person the refund should go to;

Name: _____

Address: _____

City/St/Zip _____ Phone _____

INDOOR REFUNDS

All Refunds prior to October 24 for Indoor will be accessed \$50 processing fee, there are **NO Refunds** issued after **October 24th**. Approved refunds will be mailed out within two weeks.

Signature of person requesting refund

Date

For Office Use Only	
Approved: Yes [] No []	
Registration Fee:	\$ _____
Processing Fee:	\$ _____
Total Refund:	\$ _____