



Lake Howell Little Scholars, Inc.

PO Box 180412 Casselberry, FL 32718-0412

Website address: www.lakehowellhawks.com



2008 Refund Policy Form

NO REFUNDS AFTER August 15th, 2008

Date: _____

Team: _____

Participant Name: _____

Coach's Name: _____

Check payable to: _____

Address to send refund to: _____

Reason for refund: _____

I understand that my refund will not be processed until all equipment and/or uniforms issued to me have been returned to my coach. My child's coach must sign this form and bring this request to the Board of Directors in order for the refund to be processed.

Refund Fee Schedule:

Prior to equipment fitting	100% of registration fee
During 1 st two weeks of practice	\$100 of registration fee
During 1 st week of full uniform	\$ 50 of registration fee

Parent/ Legal Guardian Signature

Date

LEAGUE USE ONLY:

Date received by Coach: _____

Coach's Signature: _____

Refund amount issued: _____

Date approved by Board: _____

Treasurer's Signature _____

Date check sent: _____ Check # _____