Lake Howell Pop Warner

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www.lakehowellhawks.com

2009 REFUND POLICY AND FORM

*** * NO REFUNDS AFTER August 1st, 2009 * ***

Participant's Name: _____

Team: _____

Coach's Name: _____

Check payable to: _____

Address to send refund to: _____

Reason for refund: _____

_____

REFUND POLICY

Prior to and including August 1, 2009	100% of the registration fee, less the $50 non-refundable deposit, will be refunded

Refunds will not be processed until all equipment and/or uniforms issued have been returned to the Coach indicated above. The Coach must sign this form and submit it to the Board of Directors for approval.

_____ _____

Parent / Legal Guardian Signature Date

Please allow 2 to 4 weeks for the refund to be processed.

LEAGUE USE ONLY:

Date rcv'd by Coach: _____ Coach's Signature: _____

Date rcv'd equipment: _____ Equipment Mgr's Signature: _____

Date approved by Board: _____

Refund Amount: _____ Check #: _____ Date Check Sent: _____

Treasurer's Signature: _____