



ATHLETIC REGISTRATION REFUND REQUEST

A refund of the athletic participation fee may be requested if one of the following situations occurs PRIOR to the 5th day of practice (*select reason for refund request*):

- Team season cancelled due to insufficient numbers.
- Student did not attend tryouts / did not make team.
- Student moved out of the district prior to the first scheduled practice.
- Student suffered a season ending injury before the first scheduled practice.
- Other, please explain: _____

Please complete ALL information sections below, then sign & return form to the Athletics department via email attachment to Sharon Wade at wades@wcsdpa.org or send completed/signed paper copy to the WCSD Central Office, 6820 Market St, Warren, PA 16365, ATTN: Sharon Wade.

Important note: All Refund Requests require approval by the District Athletic Supervisor. If approved, please allow processing time of up to 2 business days for online refunds to the original method of payment through FamilyID or 4-6 weeks for other payment methods.

REFUND REQUESTED BY:

Requester Name:	
Street Address:	
City, ST, Zip:	
Best Contact Phone #:	Email:

STUDENT'S REGISTRATION INFO:

Student Name:	School (circle):	BWMS	EMHS	SAMHS	WAHS	YMHS
Season (circle):	Fall	Winter	Spring	Grade:	Family ID Reg #:	
Sport/Program:						

ORIGINAL PAYMENT INFO (select only ONE):

<input type="checkbox"/> Credit/Debit Card-online through FamilyID (refund will be made online through FamilyID to same card)	<input type="checkbox"/> Cash/Check/Money Order** (see below) *Refund payable to (name): _____
**if refund by check, enter complete mailing address of requester: _____	

Requester Signature: _____ **Date:** _____

Official Use Only: *Approved* *Denied*

Reason, if Denied: _____

Approval Signature: _____ *Date:* _____